STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

MONTH DAY

REG. NO 2a DATE OF DEATH

25 HOUR

15 80

IF UNDER I YEAR

IF UNDER 24 HRS

DAYS HOURS

6. AGE (IN YEARS LAST BIRTHDAY)

BALTIMORE CITY OR COUNTY OF DEATH

Montgomery 12h. KIND OF BUSINESS OR

12ª USUAL OCCUPATION CALE OF MARK LOUIS IS IS EACH OF HE

Supervisor

INDUSTRY

11215 Oakleaf Drive

LAST

ADDRESS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

NO

CITY OR TOWN

STAFF

YES T

STATE

NO [

22c DATE SIGNED

COUNTY

intrey / Chrone

11200 New Hampshire Ave., Silver Spring, Md/

P.G. Brentwood Maryland 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURES

DHMH-16 25M (VRA 15, 4) 1/79

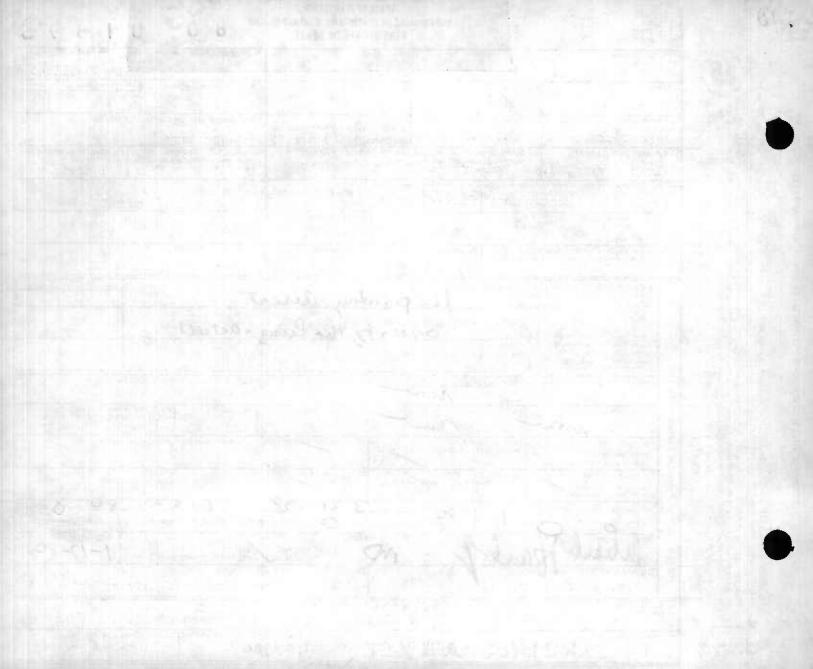
FOR

REGISTRAR

- STATE

24 FUNERAL DIRECTOR

Himes/Rinaldi Funeral Home 1800 New Hampshire Ave. Silver Sprine Md



J.

P.F.

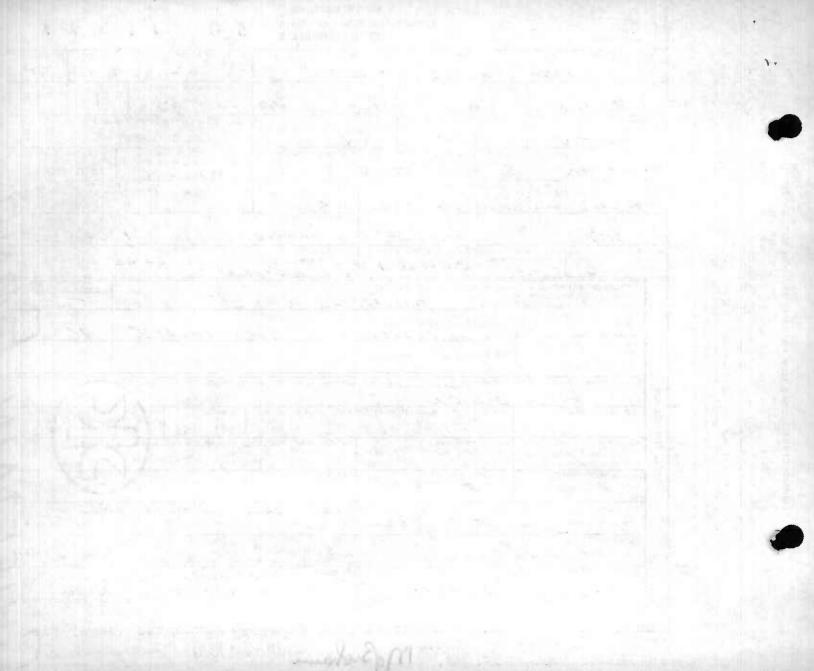
DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME a. DATE KNOWN X 2b. HOUR (TYPE OR PRINT) OF EST1-DEATH MATED 1980 Jan 3 2:04p William Allwine Loo SEX 4. RACE 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 20. DATE MONTH LAST BIRTHDAY PRONOUNCED 17/ 23 56 DEAD Jan 3,1980 2:040 Male White 7a. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WASHINGTON, D. WIDOWED DIVORCED United States Montgomery O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b KIND OF BUSINESS OR INDUSTRY OFFICER DEPT OF DEFENSE Holy Cross Hospital of Silver Sp HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS | 1111 University Blvd W.#617 Silver Spring YES [NO 🔲 Maryland Montgomery 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE AND LAST AIKEN MARTIN MARY ALLWINE 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES WW II wife. Marjorie 1111 University Blvd W, VFS CAUSE OF DEATH (Enter only one cause per line farta), (b) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise ta immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES 3 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME, 211 LOCATION 21d. INJURY OCCURRED AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 22a. I certify that I taak charge of the remains described above, held an Autapsy and in my apinian death resulted fram: Natural causes Undetermined manner Hamicide TITLE (SPECIFY) DATE J22,31980 ACTUAL 1919 SEMINARY ROAD. SILVER SPRING. MD. JOHN S. ROGERS MAINER'S NAME EXECU PAGE TO FU TYPE OR PRINT BRENTWOOD 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STAND. PRINGEO BURTAL 1/7/80 FORT LINCOLN 24. FUNERAL DIRECTOR FRANCIS 250, DATE REC'D. BY REGISTRAR 1256, REGISTRAR'S SIGNATURE **DHMH-17** 500 UNIV.BLVD., W., SILVER SPRING, MD. 20901 (VR A15 ME (5)) 30M 7/73

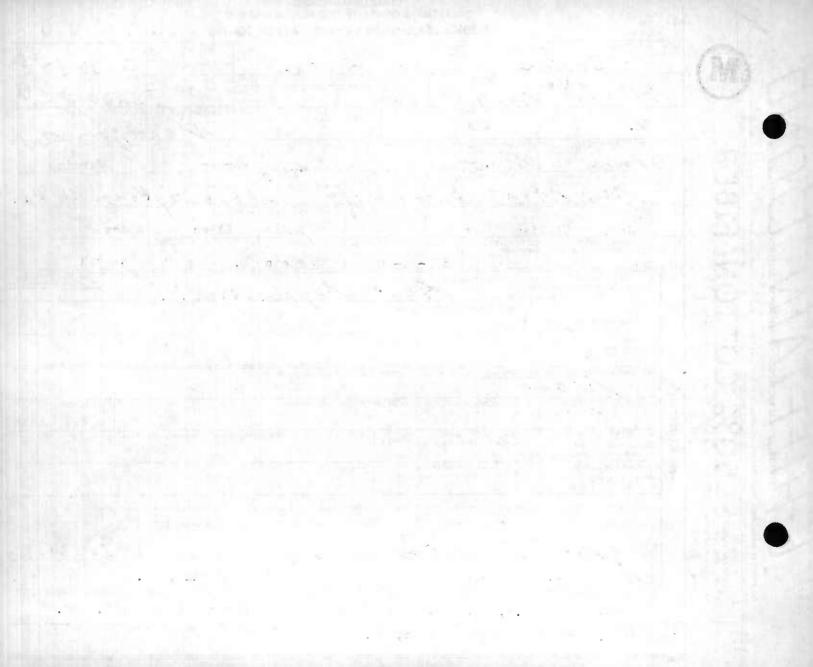
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500 UNIV. BLVD. W. SILVER SPRING, MD. 20901

(VRA 15, 4) 7/7B

				STATE OF MARYLAND		
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	. 3. SE	X	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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		sow the deceased alive a above, (I) (we) (did) (did n	ot) view the body ofter death.	, and that in (my) (our) opinion	on death occurred on the date and ha	ur and from the couses stated
OR ATT OR ATT DIRECT oched fo Dept. of		22b. SIGNATURE	11.	DEGREE		22c. DATE SIGNED
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DHMH-16 60M 1/73		arner E. Pum	phrey, Incopress	710	ATE RECO, BY REGISTRAR 25. REGIS	RAR'S SIGNATURE
(VR A 15 (4))	8	434 Ga. Ave.	S.S. Md.	1 1 d Droham UA	IN & 130U Many	y moreody





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should be detached for use as the burial-transit permit. Then please remove carbanpapes with the State Dept. of Health and Mental Hygiene prior to burial. cremation, ar removal.

O HOSPITAL OR ATTENDING PHYSICIAN. The law requires that etained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by

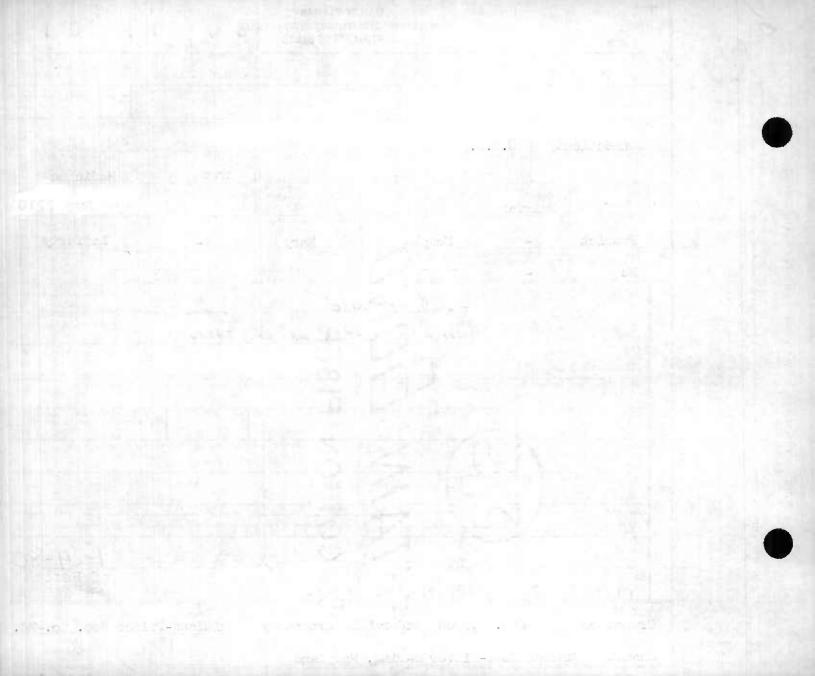
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Chambers Funeral Home-Silver Spring, Maryland

1980

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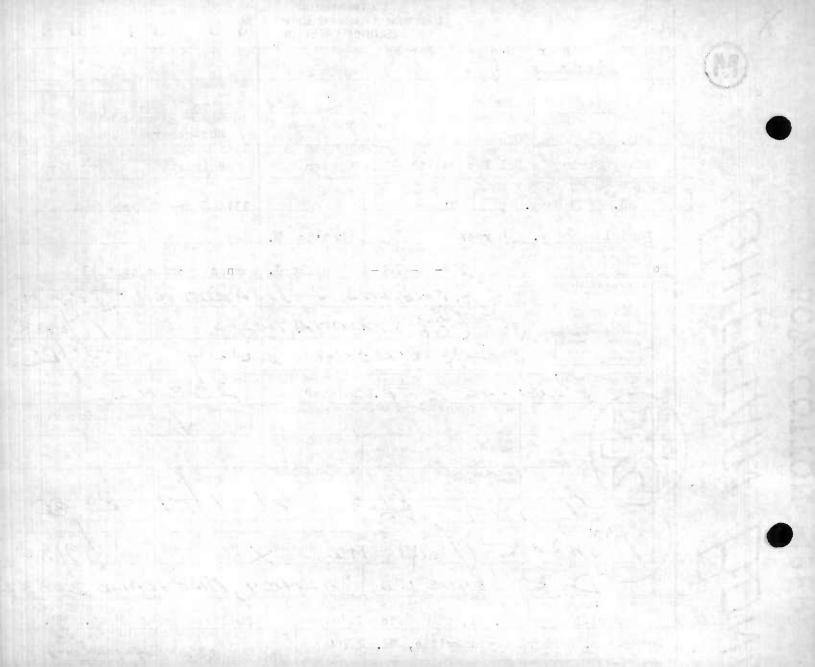
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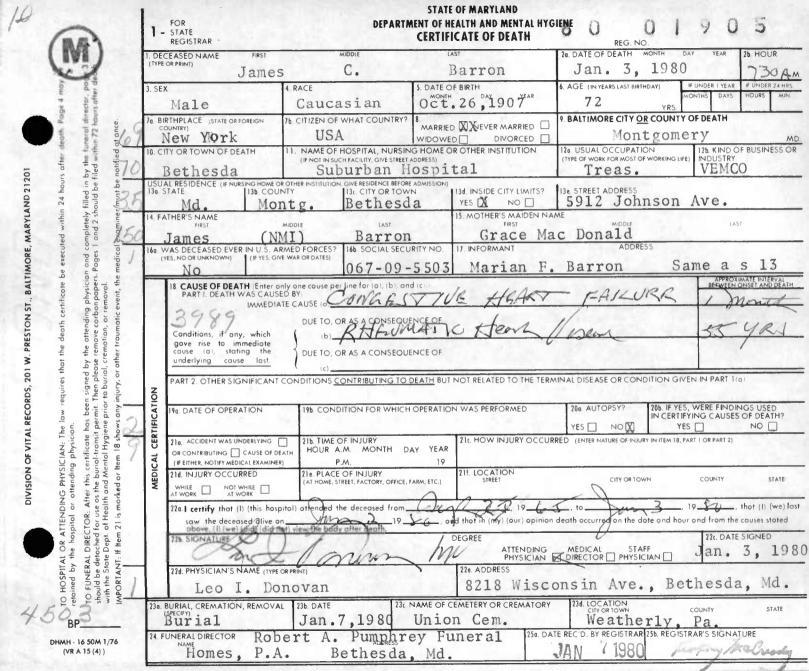


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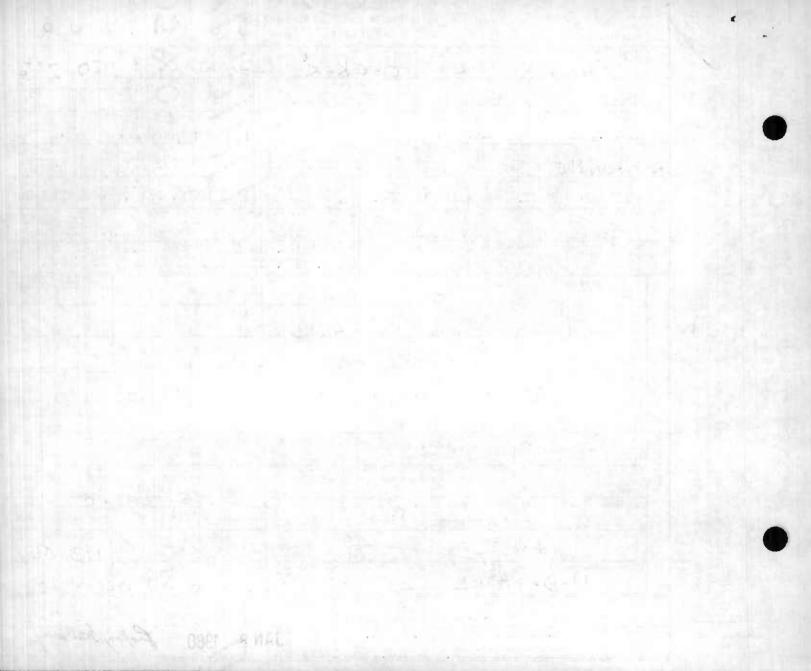
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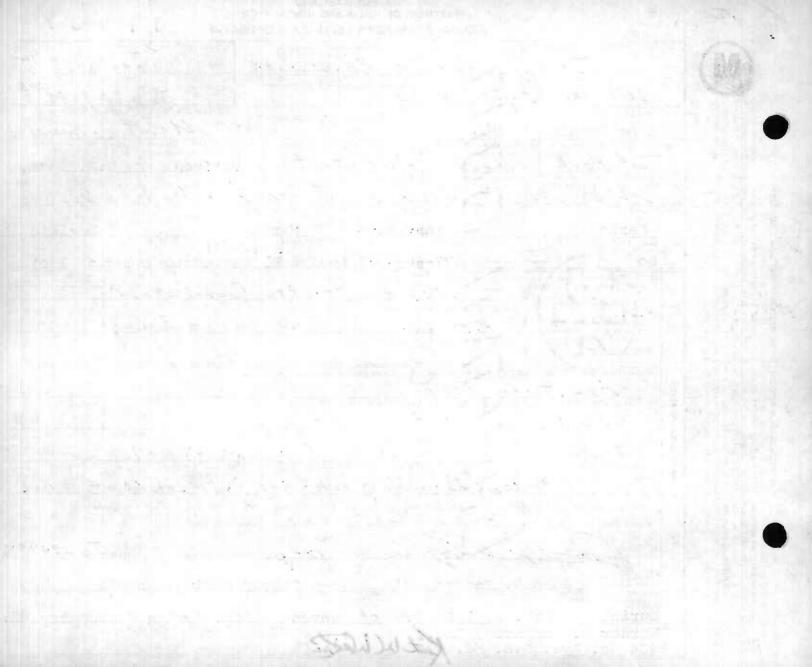


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				STATE	OF MARYLAND		
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ou o	3 S	Allowed to the second of	4 RACE	5 DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
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3 7 5 9 3 3	230	BURIAL, CREMATION, REMOVAL	23b DATE		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
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1.100 (4/4))		6010 DETCTI	EDSTOWN DD	RALTO N	MD 21215		



STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN JÖSEPH (TYPE OR PRINT) ESTIrsco DEATH MATED 1/100/25 SEX DATE OF BIRTH DATE LAST BIRTHDAY) DEAD To BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED FOREIGN COUNTRY USA Pennsylvania WIDOWED [DIVORCED TMEYX MD FILED NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 17h. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! Retired 8E Govt BECORDS, USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION MOULD 13o. STATE 113b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS VITAL 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME PM FIRST MIDDLE MIDDLE LAST AND Carlo Benvenuto Maria Derisio OF 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMAN ADDRESS 166 SOCIAL SECURITY NO (wife) (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) -60 - 0377Benvenuto-(same no ouise CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION USED 20. AUTOPSY? OF wre TO BURIAL YES NO BE 210. EXTERNAL CAUSE WAS 21b. TIME OF INTURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 OID HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING A CAUSE OF DEATH 1900 PRIOR ' 21e PLACE OF INJURY If LOCATION AT WORK NOT WHILE STATE 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian Hamicide _ death resulted fram: Natural causes Accident Suicide Undetermined manner TITLE (SPECIFY) DATE Jan 29 1 P87 ACTUAL EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA MEDICAL EXAMINER EXAMINER'S NAME Silver Spring (TYPE OR PRINT) John S Rogers DME ADDRESS_ 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Burial 1980 Gate of Heaven Feb. Spring Montgomery Md Sil BP 24 FUNDAMETOR E. Pumphrey Ing. 250. DATE-RECID. BY REGISTRAR **DHMH - 17** (VR A15 ME (5)) 8434 Ga. Ave. S.S. Md. 30M 7/73



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME MIDDLE LAST 20 DATE OF DEATH MONTH 7h HOUR TYPE OR PRINTS Μ. UTH J AN UARY LOCK 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF LINDER 24 HRS MONTH YEAR DAYS HOURS Female Gaucasian 20 1924 March 78. BIRTHPLACE ISTATE OF FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) U. S. A. Tennessee WIDOWED DIVORCED [WONTGONERY 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17e. USUAL OCCUPATION HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Bethesda UBURBAN by Secretary 1405 PITAL USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSIONI #432 D 2 13e STATE 1136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Montg. Maryland Bethesda NO [4400 East-West 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRS1 MIDDLE Eldridge Amanda Matthew Martin 160 WAS DECEASED EVER IN U.S. ARMED FORCES? **ADDRESS** 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (# YES, GIVE WAR OR DATES) Seymour Block No 406-22-015 Same as APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic: PART I. DEATH WAS CAUSED BY LUNG MIN CANCER DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 70a AUTOPSY? 70h. IF YES, WERE FINDINGS USED permit IN CERTIFYING CAUSES OF DEATH? urial-transit perm Mental Hygiene NOL YES NO [8 216. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO, PART T OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER P.M 70 714 INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 270.1 certify that (I)(this haspital) attended the deceased fram. 1980 19.80 saw the deceased glive an abave (1)(we) (did) (did not) view the bady after death and that in (my) (aur) apinian death accurred on the date and hour and fram the causes stated DEGREE 77, DATE SIGNED MEDICAL STAFF ATTENDING FUNERAL uld be detacl h the State D DIRECTOR | PHYSICIAN PHYSICIAN 224 THYSICIAN'S NAME (TYPE OR PRINT) 77e ADDRESS M 0 COM 230. BURIAL, CREMATION, REMOVAL 73h. DATE 73c. NAME OF CEMETERY OR CREMATORY 73d. LOCATION COUNTY STATE Metropolitan Cremati Alexandria Virginia 250. DATE REC'D. BY REGISTRAR DAY REGISTRAR SSIGNATURE 24 FUNERAL DIRECTOR PUMPHREY FUNERAL **DHMH-16 25M** (VRA 15, 4) 1/79 Bethesda, Maryland

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF BEATH REGISTRAR L DECEASED NAME c. DATE KNOWN 7b. HOUR (TYPE OR PRINT) OF ESTI-Lulu Blue M DEATH MATED 21.1980 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 5. DATE OF BIRTH 20. DATE LAST BIRTHDAY) PRONOUNCED Black 6, Mar. DEAD 1980 7a. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH North Carolina USA WIDOWED [DIVORCED Montgomery ID. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Bethesda Suburban Hospital Domestic USUAL RESIDENCE (IF IN NURSING HOME OR OT INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13d. INSIDE CITY LIMITS? Wa'S'R'I'R' ton 13. 17855 3DD SSSStreet, NW 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME AND FIRS Randolph MIDDLE Mary MIDDLE Washington B1ue 17. INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS (IF YES, GIVE WAR OR DATES) 578-50-7581 Elizabeth B. Jones 1327 Kenyon ST No CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) PART I DEATH WAS CAUSED BY nsiva Cardio Vascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? E 3 SHOULD BE USI E DEPARTMENT OF PRIOR TO BURIAL, O 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY 228. I certify that I took charge of the remains described above, held on and in my apinian death resulted fram: Natural causes Undetermined manner PAGE 4 SHOULD TO FUNERAL DIR AFTER DEATH, WI TITLE (SPECIFY ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Landover, Maryland 1/25/1980 Harmony Cemetery BP. FUNERAL DIRECTOR

W. NAME Ernest Jarvis Cours, Inc. 1432 You St., WW 2 8 1980 25b. RECISTBAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 17 (VR A15 ME (5)) 15M 7/77

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DOATH REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-BETTY TRENE ROOME 6. AGE (IN YEARS. 4. RACE DATE OF BIRTH IF UNDER 24 HRS 2d. HOUR DATE PRONOUNCED FEMALE WHITE 1980 TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY)
Maryland U.S.A. DIVORCED 120. USUAL OCCUPATION (TYPE OF WORK ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Rockville Typist Tacor, Inc. SHADY GROVE ADVENUTST 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13a STREET ADDRESS 30. STATE 136. COUNTY 113A WHITE GROUNDS RD MONT BOYDS 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE Lula Tibbs Herbert Beene, Sr. Geneva 17. INFORMANT AL SOCIAL SECURITY NO. ^20201 Buckledge Rd. No 219-68-2633 Mrs. Lula Beene Beyds, Md. 20720 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o' DUE TO, OR AS A CONSEQUENCE OF Auto Accident -Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, PRIOR TO BUR 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY UNDERLYING OR HOUR A.M. MONTH DAY YEAR 0 CONTRIBUTING CAUSE OF DEATH 21f. LOCATION (AT HOME. 210. PLACE OF INJURY AT WORK AT WHILE 22a. I certify that I took charge of the remains described above, held on Autopsy Homicide Notural causes Undetermined monner EXECUTE THE C PAGE, 4 SHOUN TO FUNERAL D AFTER DEATH, A ACTUAL SIGNATURE EXAMINER'S NAME John G. Ball, Deputy 7936 Old Georgetown Rd., Bethesda 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY STATE Burial Jan. 4, '80 Resthaven Memerial Cem. Thurmont Frederick 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 316 E. Diamend Avenue, **DHMH - 17** (1980 (VR A15 ME (5)) Gartner-Sandison F. N. Gaithersburg, Md. 20760 15M 7/76

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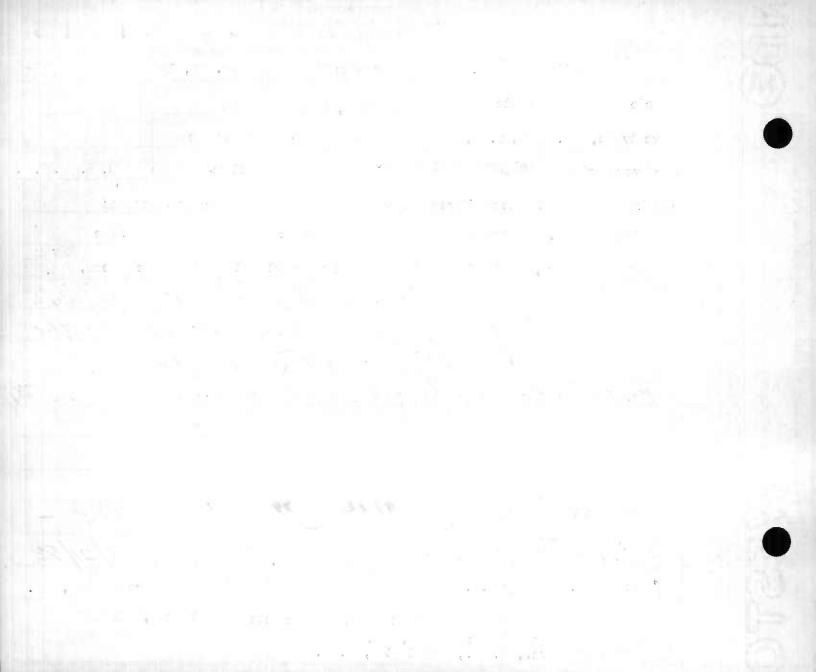
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Ln		1,	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
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TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORVITO FUNERAL DIRECTOR: P	BAL	23e.B	JRIAL, GREMATION, REMOVAL		
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DHMH - 1		75	INERAL DIRECTOR	154. DATE REC'D'SY REGISTRAR 256. REGISTRAR	SSIGNATURE
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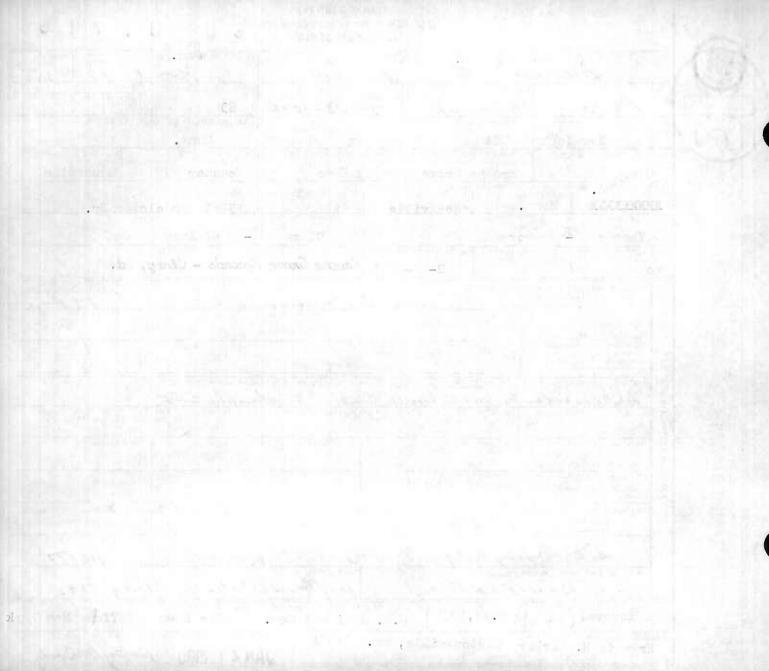
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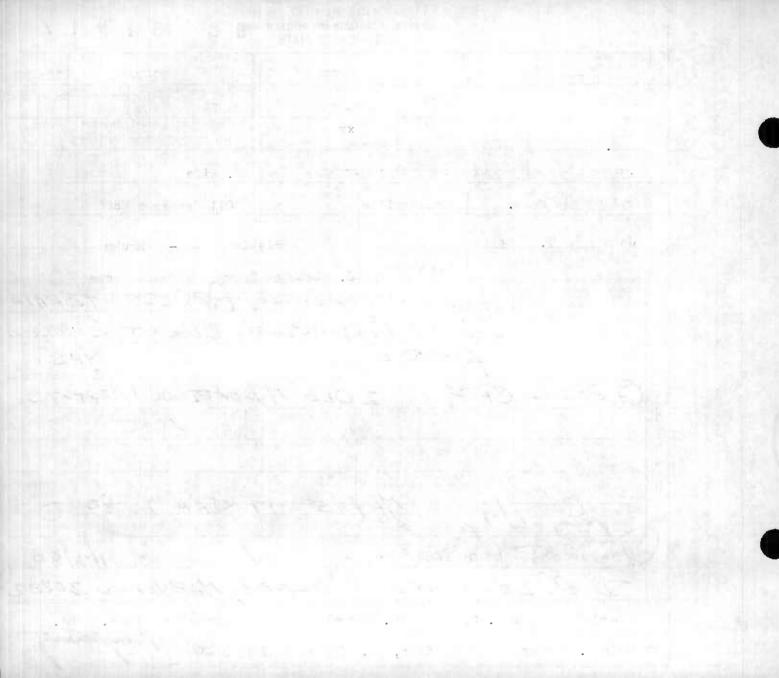
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Ν .	1				STAT	E OF MARYLAND			
7	1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL F	IYGIENE O REG. N	0 1 9	1 6
			N Che	E MICOLE BI	ROWN	AST	20. DATE OF DEADIN	MONTH DAY YEAR	2b. HOUR
À Cu	3. SE		4 RACE		S. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRT	. 0	
ge 4		Female	CAVO	CHSIAN	MONTH	- 28 - 189 G	83	YRS.	AYS HOURS MIN.
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death. F		New Y			WIDOWE	DX DIVORCED	Mont.		MD.
ofter of the fu		Olmoss	(IF NO	T IN SUCH FACILITY, GIVE STREE	T ADDRESS)		12a. USUAL OCCUPATI	F WORKING LIFE) INDUST	
in by be file	USU	Olney. AL RESIDEMMO (IF NURSING STATE	S HOME OR OTHER INSTI	ooke Grove I		g nome	Teacher	Lean	cation
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ytLAr thin thin thin 2 sho		ATHER'S NAME		Rockvi	LLe	YES NO 1	NAME	dclover Dr	
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MORE e execu n ond co		VAS DECEASED EVER IN	U.S. ARMED FORG	TEST		17 INFORMANT	ADDRE		
TIMO on o s. Po	n	0		102–32-	-4021	brooke urove	e Records - Ol		ROXIMATE INTERVAL EEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours retending physician on completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filler than and Mental Hygiene prior to burial, cremation, or removal. orked or Item 18 shows any injury, or other troumatic event, the medical examiner must be not the property of the property or other troumatic event, the medical examiner must be not the property of the property or other troumatic event, the medical examiner must be not the property or other troumatic event, the medical examiner must be not the property or other troumatic event, the medical examiner must be not the property or other troumatic event, the medical examiner must be not the property of the property or other troumatic events.	>	Conditions, if ony, vigove rise to immediate (a), stating	DUE vhich digte	TO, OR AS A CONSEQUE TO, OR AS A CONSEQUE TO, OR AS A CONSEQUE (c)		meun	nie		4 Lage
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he law re on. hos been to permit. I ene prior ows any in	CERTIFICATION	19a DATE OF OPERATIO		CONDITION FOR WHICH			200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	
SICIAN: Top physical		210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL)	JSE OF DEATH HOL	IME OF INJURY UR A.M. MONTH D P.M.	DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART	2)
DIVISION NDING PHYSI L or ottending R: After this or use as the burn teolth and Mer	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	(AT HC	LACE OF INJURY DME, STREET, FACTORY, OFFICE,	FARM, ETC.)	21f. LOCATION STREET	CITY OR TOV	YN COUNTY	STATE
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303 BP	ľ	BURIAL, CREMATION, RESPECTE Removal (Burial Jan			emetery or cremator National Cen	Pine La		
DHMH - 16 50M 1/76 (VR A 15 (4))	24 F	Prancis H.	Barber I	aytonswill	e, Md.	20760	DATE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGN	/ -





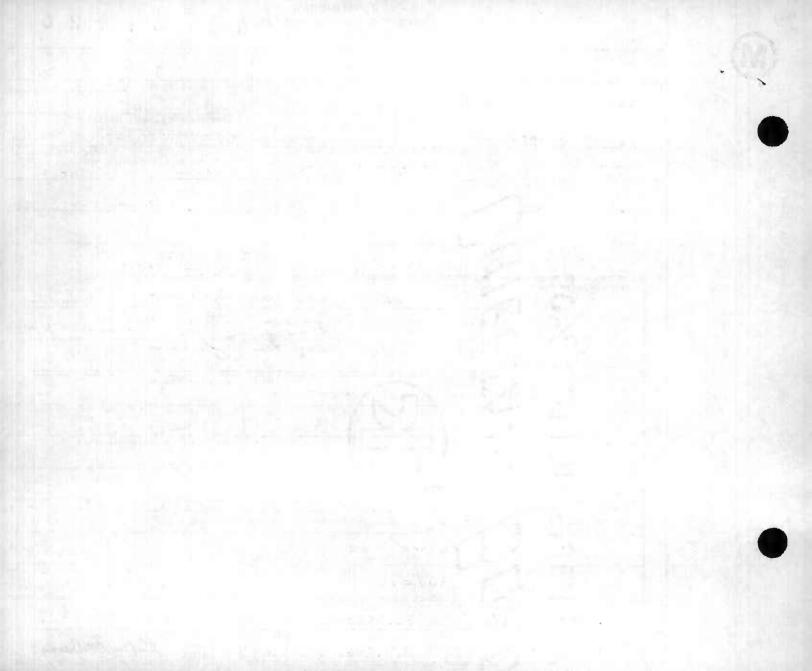
			STATE OF MARYLAND			
1.	FOR STATE REGISTRAR	DEF	PARTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	0 0	0 1 9 1	8
		MIDDLE	BROWN	20 DATE OF DEATH	MONTH DAY YEAR	1:30A
3 SE	f	BLACK	5 DATE OF BIRTH MONTH 2-28-1894	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 / EAR MONTHS DAYS YRS	IF UNDER 24 HR HOURS MIN.
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14 FA	THER'S NAME FIRST	MIDDLE LAS	15 MOTHER'S MAIDEN NO FIRST	AME	(UNIKNOWA	,)
		GIVE WAR OR DATES)				s. Mo.
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	1749		SEQUENCE OF BH	breast.		1/0/50
	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CON	SEQUENCE OF			
NO	PART 2 OTHER SIGNIFICAN	table en	G TO DEATH BUT NOT RELATED TO THE TERM	winal disease or cont	DITION GIVEN IN PART 110	3
TIFICATI	19a DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES T	
	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH	H DAY YEAR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR PART 2)	
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	22a.1 certify that (I) (this ha			death occurred on the de		that (I) (ye) last
	22b. SIGNATURE	or yew the body after death.	DEGREE	RILLY BALL	22c DATE	SIGNED
	5.13	202man	ATTENDING PHYSICIAN	MEDICAL STAF		0/80
	22d. PHYSICIAN'S NAME (TYPES)	E OFFINITE OF THE STATE OF THE	ATTENDING PHYSICIAN 226 ADDRESS 5401 GY	MEDICAL STAF		10/80
23 CE	5.13		PHYSICIAN 22e ADDRESS	DIRECTOR PHYSIC	St. Chary C	0/80 hase 0015
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(VR A 15 (4))



FOR

REGISTRAR

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omemaker WAPNER FITZGERALD ADDRESS APPROXIMATE INTERVAL PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) TY OR TOWN COUNTY STATE , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22L DATE SIGNED DIRECTOR | PHYSICIAN COUNTY 24. FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 251 MEGISTRAR'S DHMH-16 20M (VRA 15, 4) 7/7B J.W IALTAVULL

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

CERTIFICATE OF DEATH

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DAY

IF UNDER I YEAR

NDUSTRY

MONTHS

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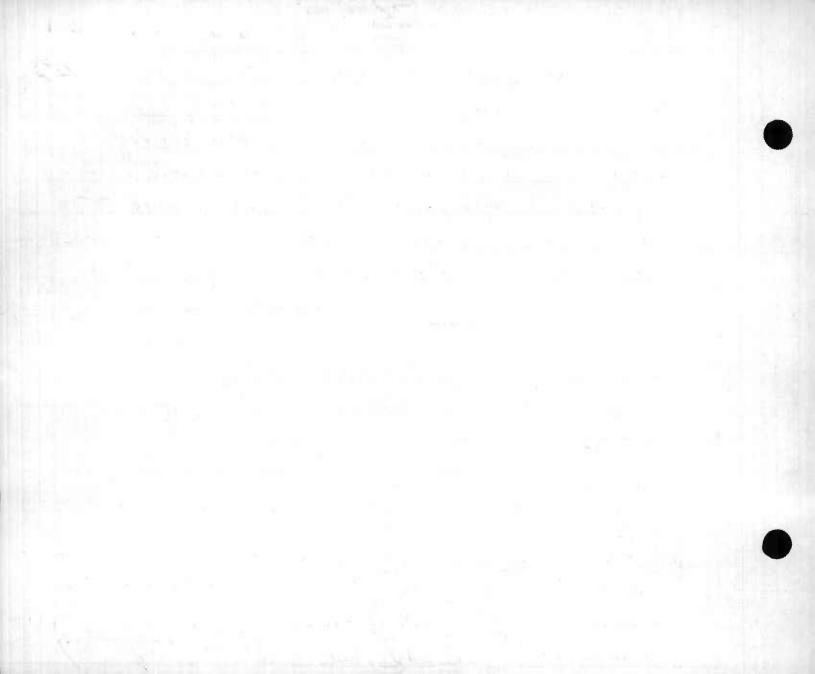
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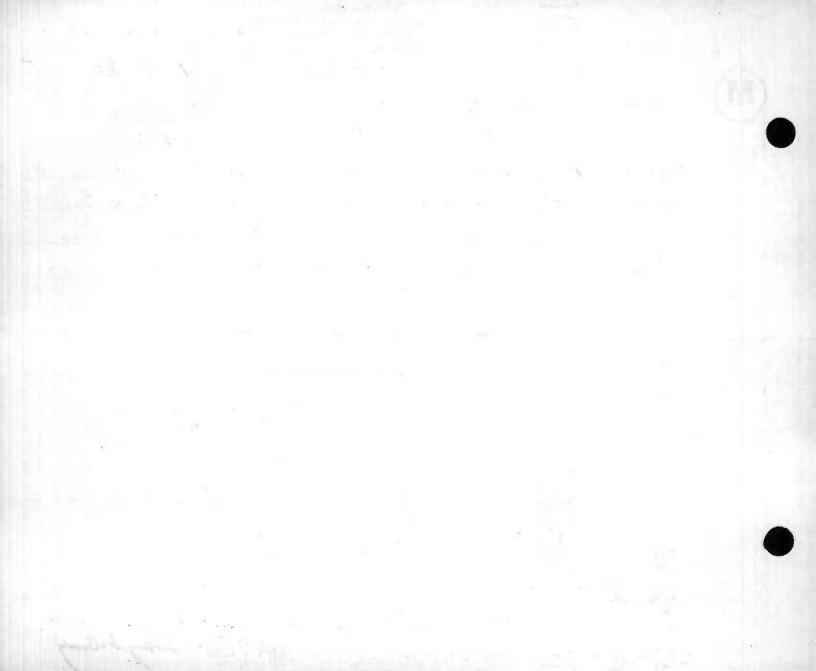
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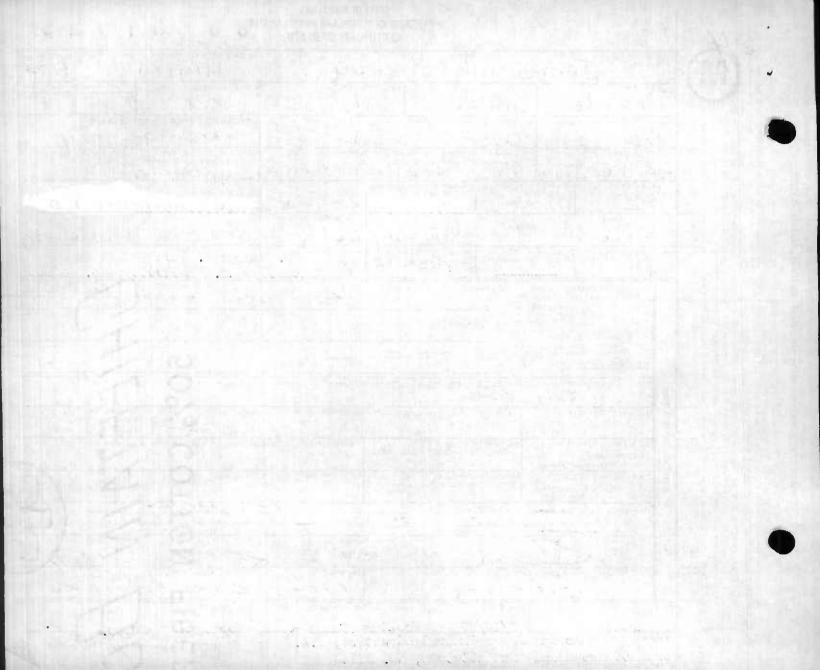


		1			STATE OF MARYLAND		
-8		1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	FIENE U REG. NO.	922
			CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	be 3	(TYPE	eorprint) Sarah	n Jane	Burns	Jan 1	16 1940 120 "
	may be r, page 3	3 SE		4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
	ge 4 i		Female	White	Nov. 18 1883	96 YRS	MONTHS DAYS HOURS MIN
	Pod Pod	70 B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8	9 BALTIMORE CITY OR COUN	TY OF DEATH
	no 72 no 72	· °	Georgia	USA	MARRIED NEVER MARRIED WIDOWED XX DIVORCED	Montgo	merv MD.
10	by the fur do with led with		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE 2112 Dexter	NG HOME OR OTHER INSTITUTION TADDRESS) Avenue	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSewife	126 KIND OF BUSINESS OR
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X	ou ou o		Levi		ards Sarah	Ε.	Warnock
ORE	dico ges		WAS DECEASED EVER IN U.S. ARE YES, NO OR UNKNOWN)	WAR OR DATES)	(Hebi		
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3	by the ose rem I, cremo		couse 103, stating the underlying couse lost	DUE TO, OR AS A CONSEQU	JENCE OF		
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L REC	hos by perm	CERTIFICATION				IN CER	TIFYING CAUSES OF DEATH?
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OF.			OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH [DAY YEAR		
NO	4YSICIA iding pl is certif burial:t Mental or Item	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		
DIVISION OF	the the	N.	WHILE NOT WHILE AT WORK	JATHOME, STREET, FACTORY, OFFICE.	FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
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	TTEN Pital TOR for w of H ₄		sow the deceased alive on	19_	and that in (my) (our) opinion	death accurred on the date and h	our and from the causes stated
	OR A e hos DIREC oched Dept f Item	1	726 SIGNATURE	10///	DEGREE		22c. DATE SIGNED
	0 8 0 0 m	1	Cherre	Vikake	ATTENDING PHYSICIAN A	MEDICAL STAFF	1-16-80
	HOSPITAL ned by the FUNERAL uld be det the Stote	1	224. PHYSICIAN'S NAME ITYPE OF		22e. ADDRESS		
	0 0 0 0 0	13	Edward 3.	Richards, M	D 10301 Geor	gia Avenue,	Silver Spring,
11	2000 243 8	23a I	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
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	DHMH - 16 60M 1/75		Warner E. Pum		25a. DAT	E REC'D. BY REGISTRAR THE DEC	BASS MAN SEA
	(VR A 15 (4))		8434 Ga. Ave.		Cot hely Cartin JA	N 2 4 1980	
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	1	STATE OF MARYLAND	
NO.	11	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE OF THE STATE	
		REGISTRAR CERTIFICATE OF DEATH REG. NO.	
e ω÷		ECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 20 HOUR	,
oy be oge 3 death	3. SE	DOROTHU MAY SUNTON 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 2 FUNDER 2	PM
4 42	3 50	MONTH DAY YEAR MONTHS DAYS HOURS	MIN.
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£ 22 2		COUNTRY) MARRIED NEVER MARRIED	
de 14	10 0	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINES	MD SS OR
offe ed	0/	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	
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ND 24 h	130	STATE 136 COUNTY 136 CITY OR TOWN 138 INSIDE CITY LIMITS? 136 STREET ADDRESS BY OR SILVER SECTION STATE NO DE 2414 BY OR Change	, K
rthin rthin 2 sho	14. F.	ATHER'S NAME IS MOTHER'S MAIDEN NAME	y N
MAR wed wondle	0	John R Lam Linson First Manking Manking	/
ш 3 0 0		WAS DECEASED EVER IN U.S. ARMED FORCES? 1166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
BALTIMOR one be executed by the second on th		(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-82-208 7/saac Burton Above	
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ecorp ow requ	CERTIFICATION	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS USED	
×) H	YES NOW YES NO NO	
VITAL N: The hysicial hysicial hygie	W W	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	
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Y I 2 2 7 7 0	MEDICAL	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET CITY OR TOWN COUNTY STA	TF
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OR A or ho or hed or hed or hed		226. SIGNATUR 220. DATE SIGNED	(2)
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O HOSPITAL TO FUNERAL Should be def		C.H. MON MO IAM LAMMODE OCCAMON S	773 4
1402		BURIAL CREMATION, REMOVAL III DATE 1231. NAME OF CEMETERY OR CREMATORY 234. LOCATION CHARLES TOWN COUNTY STATE	
BP	24.5	Durial Jan 498 Union em Durtonsulle M	10/
DHMH - 16 50M 1/76 (VR A 15 (4))	1	FUNERAL DIRECTOR AME 250. DATE REC'D. BY REGISTRAR 25b. REDISTRAR'S SUBNATURE AME 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	

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Olin L. Molesworth, Damascus, Md.

FOR

REGISTRAR

24. FUNERAL DIRECTOR

DHMH - 16 50M 7/77

(VR A 15 (4))

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S, SIGNATURE

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STATE OF MARYLAND

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		FOR STATE		DEPARTA		EALTH AND MENTAL HYG	IENS O	0 1	9 2	8
		REGISTRAR CEASED NAME FIRST E OR PRINT) THOMAS	W. C	AMERON		AST	REG. N 20. DATE OF DEATH	MONTH OA		26 HOUR 12:4
	3. SE		4. RACE Whit		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY	FUNDER 1 YEAR	IF UNDER 24 HI HOURS MR
7		IRTHPLACE STATE OR FOREIGN COUNTRY) Scotland	U.S.		8. MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF MONTGOME	ERY CO		
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150	14. F	ATHER'S NAME Hugh	MIDDLE	Cameron		15. MOTHER'S MAIDEN NAME FIRST	ME MIDDLE	Mo	ir IAS	т
medico		WAS DECEASED EVER IN U.S., YES, NO OR UNKNOWN) (IF YES, C	ARMED FORCESS SIVE WAR OR DATES)	166 SOCIAL SECU	RITY NO.	Stella B. Ca	ADDR Ameron-wife	15300	Sp.Md.	20906 rook C
event, the		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly ane couse p	er line far (a), (b), and	d (C		4		BETWEEN	MATE INTERVA ONSET AND DE
		cause (a), stating the underlying cause last	DUE TO,	Arteris	NCE OF	otherwick)			
	ATION	underlying couse lost PART 2. OTHER SIGNIFICAN 190 DATE OF OPERATION	IT CONDITIONS	CONTRIBUTING TO L	<u>DEATH</u> BUT	ly han feen. NOT RELATED TO THE TERM	IN AL DISEASE OR CON	20b. IF YES,	WERE FINDIN	IGS USED
va out inlust.	TIFICATION	PART 2. OTHER SIGNIFICAN	IT CONDITIONS	CONTRIBUTING TO L	<u>DEATH</u> BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	20b. IF YES,	WERE FINDIN	NGS USED
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or ifem 18 shows ony injury,	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	19b. CON 19b. CON 21b. TIME HOUR 4ER) 21e. PLAC (AT HOME.	OP INJURY A.M. MONTH DA E OF INJURY STREET, FACTORY, OFFICE, F	OPERATIO AY YEAR 19	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDIN	GS USED OF DEATH
121 is morked ar Item 18 shows ony injury, ar other troumatic		PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE DO NOT WHILE	19b. CON 19b. CON 21b. TIME HOUR 21e. PLAC (AT HOME. spitol) attended	OF INJURY A.M. MONTH D.P.M. E OF INJURY STREET, FACTORY, OFFICE, F	OPERATIO AY YEAR 19 ARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21t. HOW INJURY OCCURE 21t. LOCATION	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURE) CITY OR TO	20b. IF YES, IN CERTIFY YES SIRY IN ITEM 18, PAR	WERE FINDING CAUSES TO I OR PART 21 COUNTY	NGS USED OF DEATH NO STAT
If them 21 is morked or them 18 shows ony injury,		PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE SOW the deceased alive obove, ([]) (we) (did) (did 22b. SIGNATUR	19b. CON 19b. CON 21b. TIME HOUR 21e PLAC (AT HOME. spitol) attended an not) view the bac	OF INJURY A.M. MONTH D.P.M. E OF INJURY STREET, FACTORY, OFFICE, F	OPERATIO AY YEAR 19 ARM, ETC.)	21t. HOW INJURY OCCURS 21t. LOCATION STREET 19 2 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURE) CITY OR TO	20b. IF YES, IN CERTIFY YES JRY IN ITEM 18, PAR WN Jote and hour (WERE FINDING CAUSES TO I OR PART 21 COUNTY	NGS USED OF DEATH NO STAT
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them 21 is morked or them 18 shows only injury,	WEDICAL 230.	PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (Mith has been as well as	19b. CONDITIONS. 19b. CON 19b. CON 21b. TIME HOUR 21e PLAC (AT HOME. spitol) attended an not) view the back PE OR PEW(T)	OF INJURY A.M. MONTH D. P.M. E OF INJURY STREET, FACTORY, OFFICE, F The deceased fram 19 3 by ofter death	OPERATIO AY YEAR 19 ARM. ETC.)	21t. HOW INJURY OCCURE 21f. LOCATION STREET 19 2 0 nd that in (my) (our) apinion of the physician of the	200 AUTOPSY? YES NO CITY OR TO CITY OR TO MEDICAL STA	20b. IF YES, IN CERTIFY YES SIRY IN ITEM 18, PAR WN Jote and hour of	WERE FINDINING CAUSES TO PART 2 COUNTY 9 2 0 , ond from the	STA thot (I) (w. causes stot

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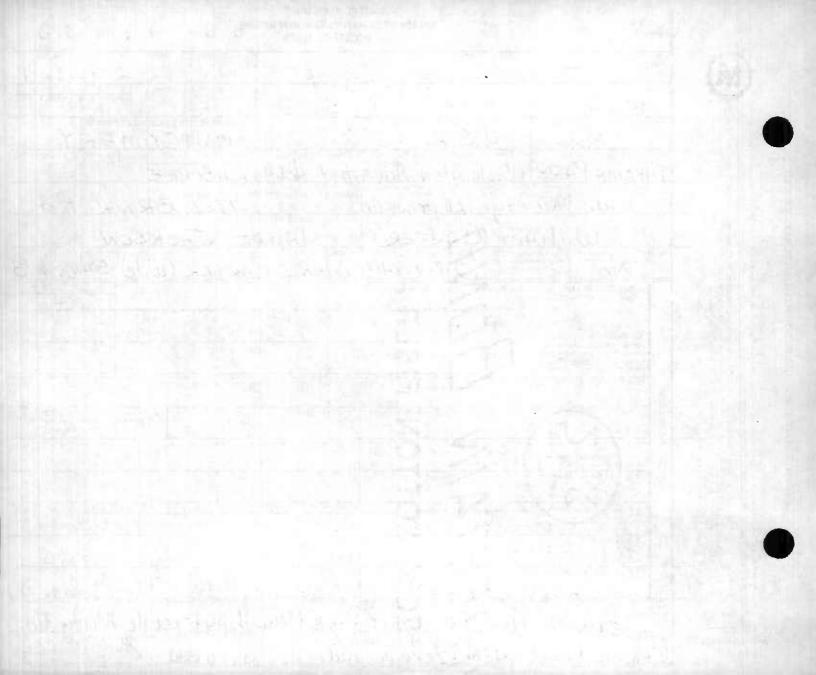
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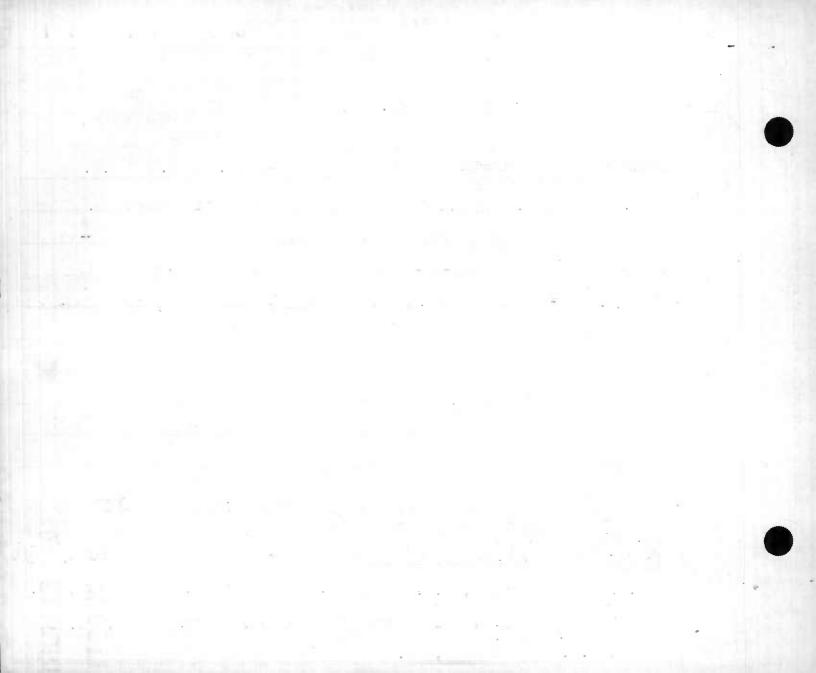
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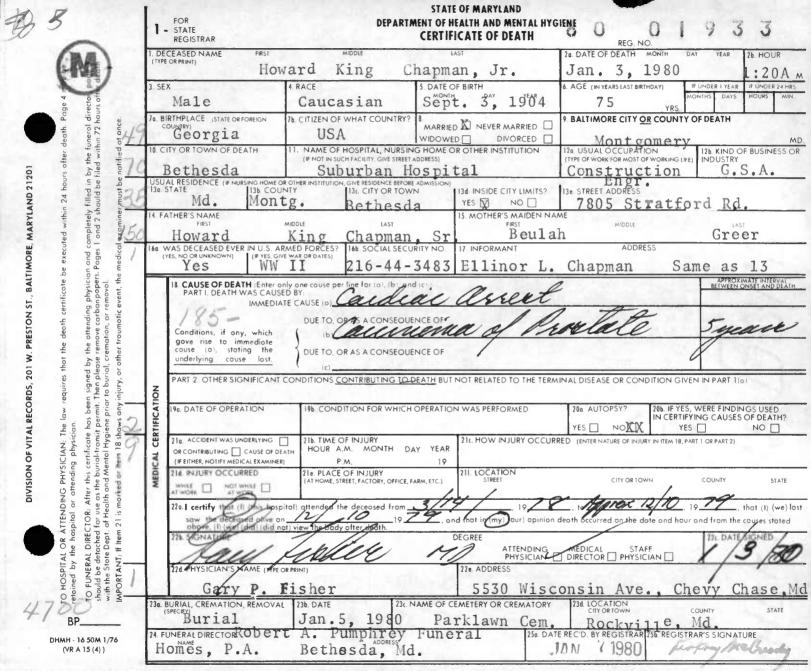
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH() REGISTRAR DECEASED NAME FIRST KNOWN (TYPE OR PRINT) ESTI-DIRECTOR. OUR FILES. 172 HOURS ON STREET, Merile 180 CHARLES DEATH MATED 01/09 CHAFIN 3. SEX 4 RACE 6. AGE (IN YEARS DATE OF BIRTH IF UNDER 24 HRS DATE FUNERAL DIREC 5 EOR YOUR F 7, WITHIN 72 HC W. PRESTON STR DAY LAST BIRTHDAY PRONOUNCED 78 05/04/01 DEAD WHITE DM 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH West Virginia MARRIED THEVER MARRIED U.S.A. WIDOWED DIVORCED PAGE 5. 10 CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY 3. RETAIN PASHOULD BE F BETHESDA Labor Department SURURBAN U.S. Gov't USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 130. STATE 113h. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS 13e. STREET ADDRESS NO □ 10620 Weymouth Street Maryland Bethesda Monte VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Chafin MIDDLE LAST AND Wallace Elizabeth Lawson 7. INFORMANT 16b. SOCIAL SECURITY NO. 60. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS HYGIENE, DIVISION (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 233-20-2210 Yes Virginia J. Chafin (Same as CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY in-his/ Theunson 12. IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF AND MENTAL HY Cemia-Dout Eystitis. Conditions, if ony, which gove rise to immediate cause (a) stating the underore 15 Kull chaceration y Brain lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED. CERTIFICATION 19a DATE OF OPERATION 2D. AUTOPSY? OF YES NO DX 3 SHOULD BE DEPARTMENT BE 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN STEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTINGT CAUSE OF DEATH PRIOR 210. PLACE OF INJURY 21f. LOCATION AT WORK NOT WHILE STATE [1201 DIRECTOR: Inspection X 22a. I certify that I taak charge of the remains described above, held an Autopsy and in my apinian Accident X Hamicide death resulted fram: Suicide Notural couses Undetermined manner ACTUAL TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, SIGNATURE EXAMINER'S NAME John Bal1 G. 01d Rhad Georgetown TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY Arlington SPECIPBURIAL 1-14-80 Arlington National BP Va. 14 FUNERAL DIRECTOR ROBERT A. Pumphrey Funeral NAME Homes, P.A., Bethesda, Md. 250. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE DHMH - 17 (VR A15 ME (5)) 1980 15M 7/77

6 0 00 00 10 CHAPLES CHAFIN MALE WHITE 05/04/01 *70 and the state of t MOTESTY SETUESDA - SUBURBAN FOSPITAL - CARDON SUBURBAN S the real femoment (Saul Control of the Control of t particle and the property of the second seco THE TRUE . THE COLUMN and the state of t JANI 8 1989 The buy for worky



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PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE , and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Jan 15, 1980 MPORTANT: 224 PHYSICIAN'S NAME LTYPE OF PRIN 22e ADDRESS 1145 - 19th St., N. W., Washington, D. C. Allen M. Mondzac 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 236. DATE STATE Brentwood, Md. Ft. Lincoln Cemetery Burial 25a. DATE REC'D, BY REGISTRAR 25b. REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 5130 Wisconsin Avenue Washington, B. 20016

-15-

126 KIND OF BUSINESS OR

4 mos

INDUSTRY

U.S.D.A.

Kapelas

DHMH - 16 50M 1/76 (VR A 15 (4))

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DHMH-16 20M (VRA 15, 4) 7/78 STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO. 20 DATE OF DEATH

Owner

MONTH

2b. HOUR

FOR - STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT)

Doris

white

4 RACE

Montgomery

I (IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE 10

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immediate

lost

VEINC

24 FUNERAL DIRECTOR

couse

136 COUNTY

76 CITIZEN OF WHAT COUNTRY?

U. S. A.

8604 Chateau Drive

13c CITY OR TOWN

Potomac

LAST

146 SOCIAL SECURITY NO

578-18-0564

as cumoma

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

YEAR

Chepuras

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

21b. TIME OF INJURY

21e PLACE OF INJURY

HOUR A.M. MONTH DAY

OUKR

736. DATE

Feb 2, 1980

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

Chepuras

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Aug.

WIDOWED

5. DATE OF BIRTH 24, 1905

DIVORCED

NO F

IS MOTHER'S MAIDEN NAME

FIRST

MARRIED | NEVER MARRIED

YESXX

Rose

17 INFORMANT

21f LOCATION

134. INSIDE CITY LIMITS?

Jan 30, 1980 6 AGE (IN YEARS LAST BIRTHDAY) 50 IF UNDER I YEAR

- 80

8:00A IF UNDER 74 HRS

HOURS

BALTIMORE CITY OR COUNTY OF DEATH

Montgomery

12b. KIND OF BUSINESS OR INDUSTRY

12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF

Printing-Book-

8604 Chateau Drive

13e STREET ADDRESS

MIDDLE

Stathouli

ADDRESS

20b. IF YES, WERE FINDINGS USED

COUNTY

IN CERTIFYING CAUSES OF DEATH?

8604 Chateau Dri

rive	
land_	
BETWEEN	MATE INTERVAL

Catherine Vaniglio Potomac, Maryla

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

200 AUTOPSY?

NOX

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

CITY OF TOWN

STATE

22 DATE SIGNED

90

and that in (my) (our) apinion death occurred on the date and hour and from the causes stated

Adelphi, Prince Georges, Md.

Maryland

231. NAME OF CEMETERY OR CREMATORY

DEGREE

D

22g. ADDRESS

George Wash. Cemetery

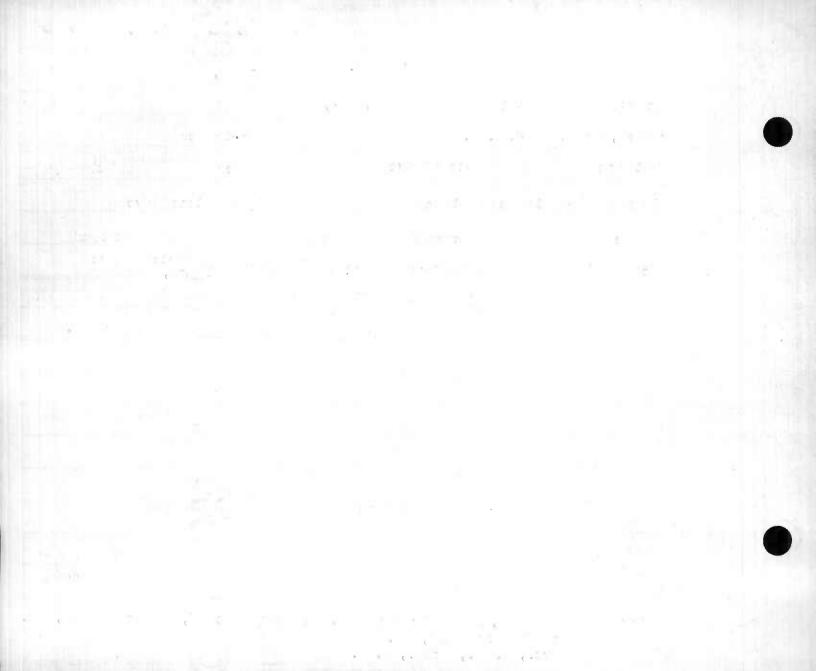
Joseph Gawler's Sons. Inc. 5130 Wisconsin Ave., N. W., Wash., D. C.

ATTENDING

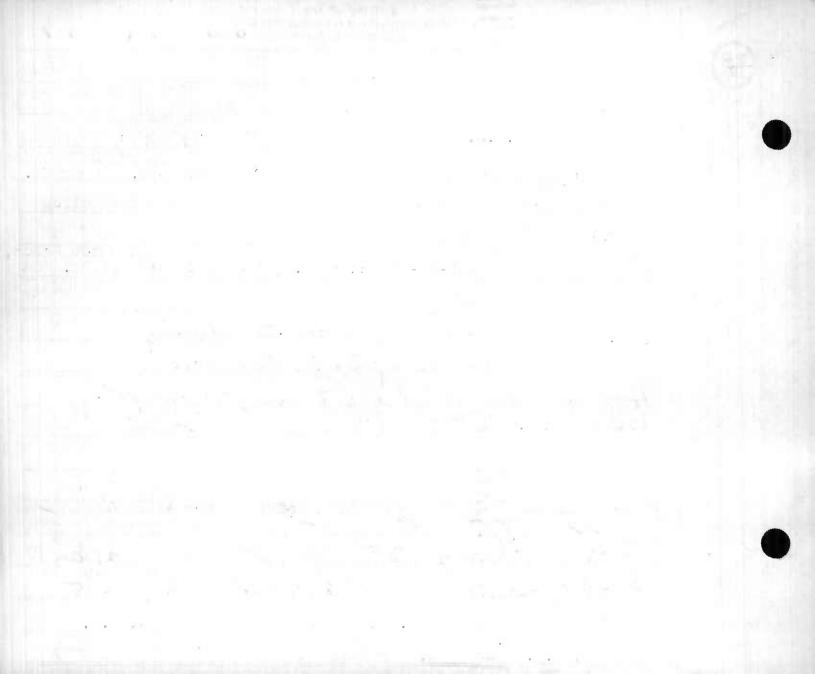
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PHYSICIAN DIRECTOR PHYSICIAN [



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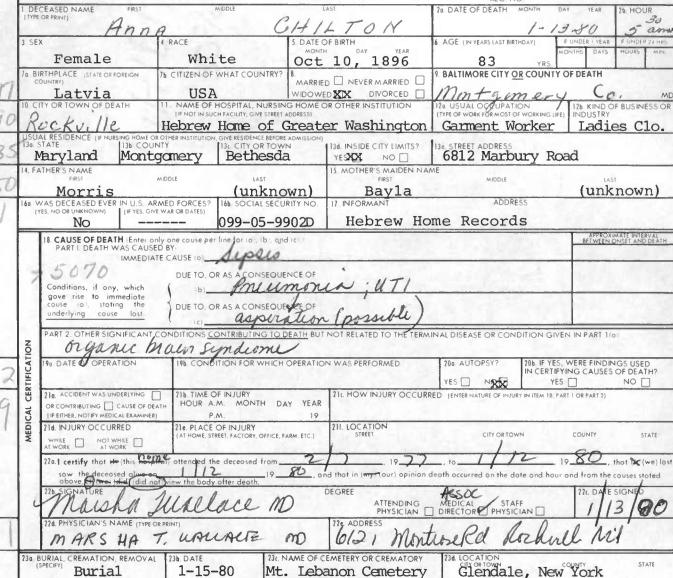
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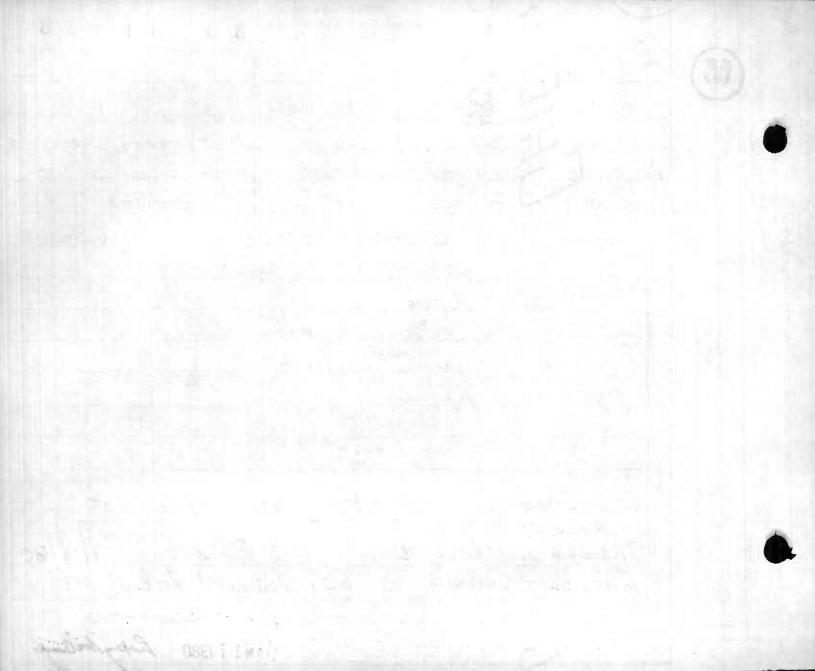
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

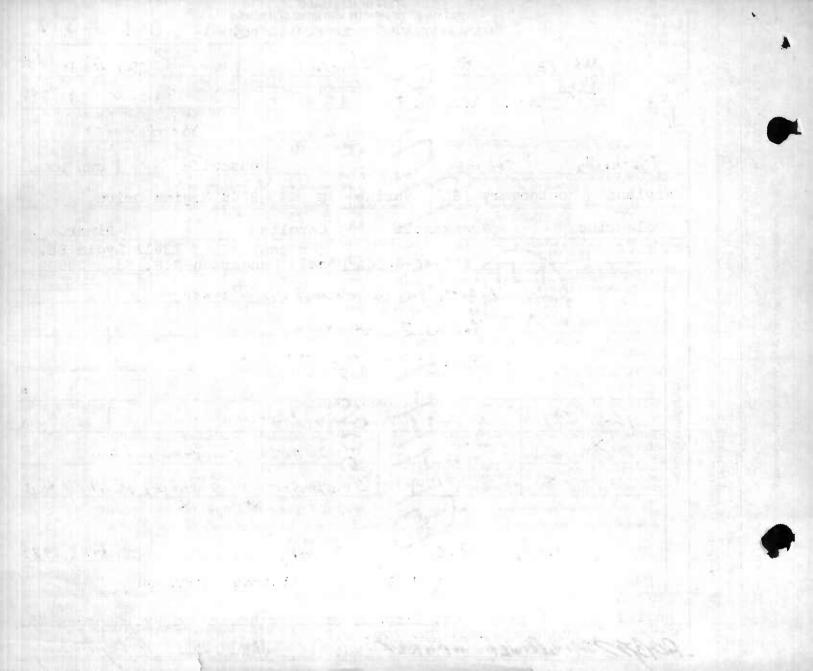
MPORTANT. DHMH - 16 60M 1/75 (VR A 15 (4))



Rockville, Md. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

Danzansky-Goldberg Chapels; 1170 Rockville Pike

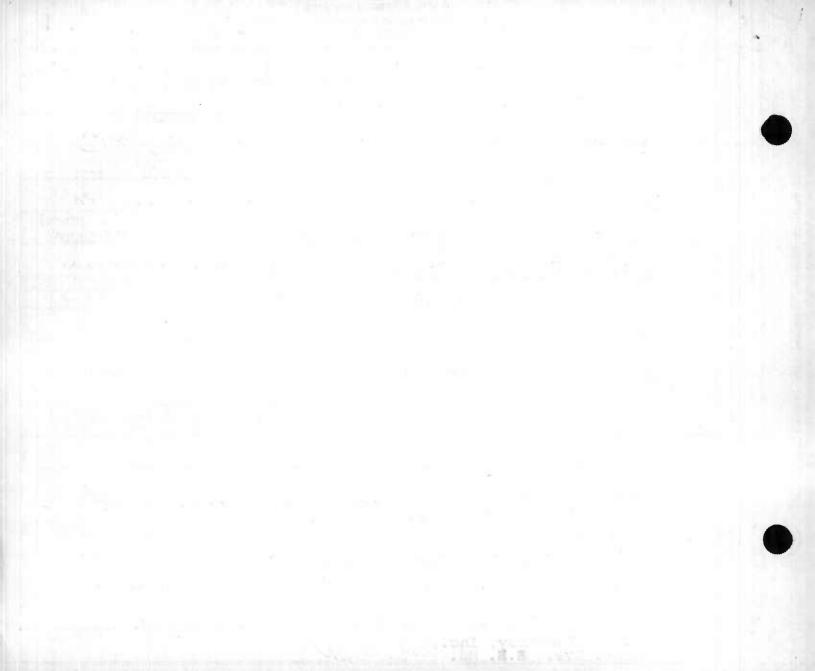




4			1.	FOR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL	HYGIENE O O	1940
				REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	<u> </u>
	. 12			CEASED NAME FIRST OR PRINT)	WIDDLE	LAST /	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	6 (-92		3. SE.	MAN	1 RACE	Is, DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	1	9				MONTH DAY YEAR		MONTHS DAYS HOURS MIN.
	Pog dire	*	7a. B	RTHPLACE (STATE OR FOREIGN	Korean The CITIZEN OF WHAT COUNTRY	, Dec. 21, 190	9 BALTIMORE CITY OR COUN	TY OF DEATH
	earth.	191		Poul Korea	Korea	MARRIED NEVER MARRIED WIDOWED DIVORCED	TIOTICACINETA	MD.
	he f	fied	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
201	by the	T notifi		akoma Park,	Washington Ad	lventist Hospi		
1021	24 hau filled in ould be	T Stee	130. 5	TATE 13b COU		VN 134. INSIDE CITY LIMITS		
TLAN	othin 2 stely fil	ner m	_	aryland. Mont	gomery. Bethes	Sda YES ₩ NO □	4521 East- We	st Highway.
MARYLAND 2120	red wil	50	Sc	oo Kok Cho.	MIDDLE LAST	\$sii	MIDDLE	Kim.
	execute and car	dicol	16a V	AS DECEASED EVER IN U.S. AR	RMED FORCES? 16b SOCIAL SEC		ADDRESS Chicag	o, Ill.
BALTIMORE,	S. Pog	E a	L.	No.	219-78-	4521 Soon RCS.	. Kim. 3861 No.	Oriole Ave.
	cate nysicia apper	t, th		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	nly one cause per line for (a), (b) a			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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STOR	tendi re car	umat		Conditions, if any, which	DUE TO, OR AS A CONSEQU	JENCE OF Autic lu	ng cancer	
94	the de	er tro	10	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU		7	
×.	that I by ease al, cre	roth		underlying couse lost.	(c)	DENCE OF	x = 1	
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DIVISION OF VITAL RECORDS,	ow requ been si mit. The priar ta	any in	CERTIFICATION	19g DATE OF OPERATION	19h CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20g AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED
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ISIO	PHY tendii this he bu	o pa	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
λiα	or at After e as t	norke		AT WORK	ital) attended the deceased from	9000	19 . Day 10	19 80 that (I) we lost
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+	OR AT POSE Ched the Ched to	Hem		22b. SIGNATUIT	of) view has body offer death.	DEGREE		224. DATE SIGNED
	4 7 0 7	±		XXX	sidet	PHYSICIA	MEDICAL STAFF	1/18/20
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	etain TO F shoul	MP /		D. HA	1DAK	90 21 8	recolled that it is	allitith
4	801		- (SURIAL, CREMATION, REMOVAL SPECIFY) Cremation.		Ft. Lincoln.	23d LOCATION CITY OR TOWN Bladensburg	Rd. P. G. Co.
	DHMH - 16 50M 1/7-	6	24. FI	INERAL DIRECTOR	1511 (abkat)		DATE REC'D. BY REGISTRAR 25b. REGI	
	(VR A 15 (4))		2	the Watter	Machinisto	n D. C. 20012	ANI 4 1980 Risk	an book.

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Takoma Park, Manhington Adventist Hospital Metired.
Maryland. Sontgomory Bethends t 4521 Past- Nost Fichman.
Soc Mok Cho. Sait Kim.
No. 219-78-4521 Soon FoB. Kim. 3861 Mc. Oriols Ryc

Cremation. Jan 14, 1980 Pt. Lincoln. . Madensburg Rd. P. G. Co.



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Inc ADDRESS

Pumphrey,

DHMH-16 20M (VRA 15, 4) 7/78 FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DAYS

US Govt

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NO [

STATE

COUNTY

22c DATE SIGNED



FOR STATE

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MPORTANT: If them 21 is marked or them 18 shows ony injury, or other traumatic event, the medical exam

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ER'S NAME FIRST Walter S DECEASED EVER IN U.S. / NO OR UNKNOWN) (IF YES, C) CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	MIDDLE MCI	Washingt Farlan 166 SOCIAL SECURIT	on	YES NO	DEN NAME	MIDDI				W.
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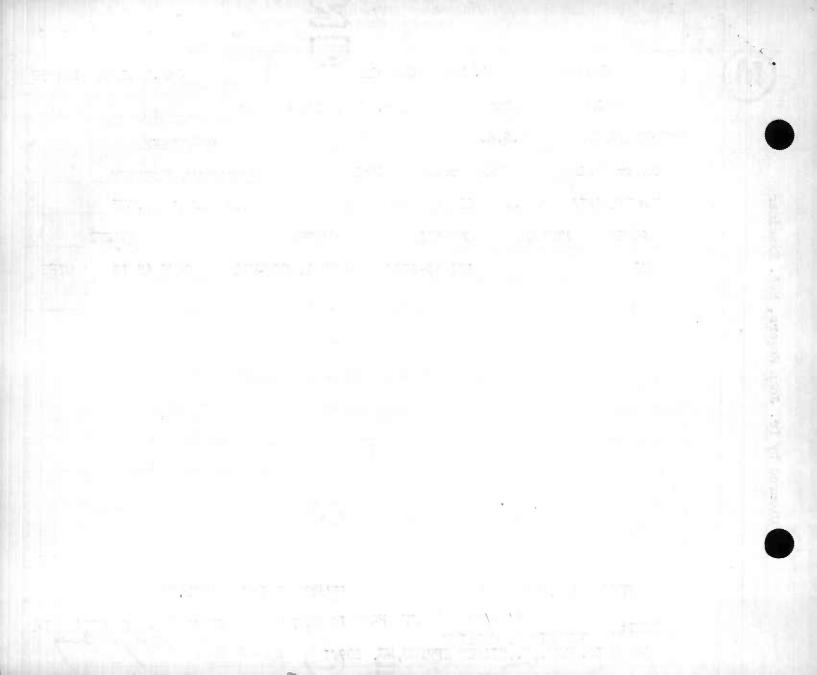
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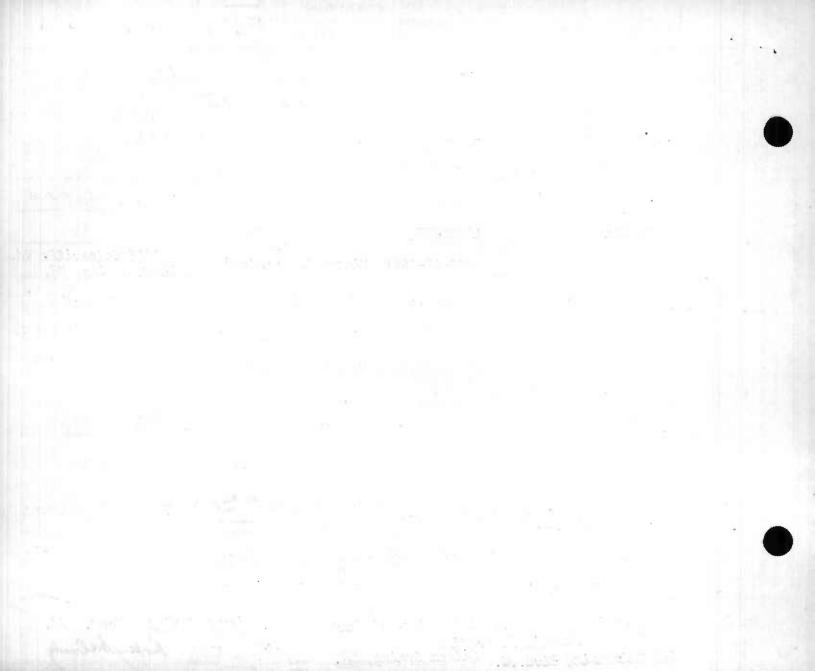
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Should should with the		DAVID 40	900000	70 10 0.0.	1 1001 91	soled out W	MYCANS	120902
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME LAST 2n DATE OF DEATH 2b. HOUR (TYPE OR PRINT) 00 Royston T. (Art)Covington January 1980 3 SEX A RACE IF UNDER 24 HRS oct. 16. 1920 OAYS Male Caucasian 59 7a. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MARRIED Montgomery County Md WIDOWED DIVORCED [NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 12n USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Chase Chevy DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Chase Nursing Center Owner Auto USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13e. STREET ADDRESS Md. Montg Potomac 12951 Three Sisters 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Rovston Covington Emory Mann 60 WAS DECEASED EVER IN U.S. ARMED FORCES SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) WW Yes 214-10-029 Norma Covington Same as 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CERTIFICATION 9a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOK YES NO F Mentol Hygi 210 ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK 220.1 certify that (I) (Mchapital) attended the deceased from SEPT. JAN 10 80 sow the deceased alive and that in (our) opinion death accurred on the date and hour and from the causes stated view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED M.D. ATTENDING TO FUNERAL (should be deto with the State (1 - 29 - 80MPORTANT: PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Viers Mill Road M.D. Stephen N. Jones kville, Maryland 20851 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE BP .1980 Metropolitan Crem Alexandria Robert Pumphrey Funeral 25a. DATE REC'D. BY REGISTRAR 25b. REG DHMH - 16 50M 1/76 (VR A 15 (4)) Homes. P.A. Bethesda, Md.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES FOR CERTIFICATE OF DEATH REGISTRAR

- STATE 1 DECEASED NAME MICOLE 2n DATE OF DEATH 2h HOUR (TYPE OR PRINT) Claire Magee January 31, Crouse 1980 11:00 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH YEAR Male White 1914 66 O BIRTHPLACE ISTATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Pa. USA Montgomery CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! Bethesda The Clinical Center, NIH milk processor fodd industry USUAL RESIDENCE LIENURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Route 6 13d INSIDE CITY LIMITS? Pennsylvania Cumberland Shippensburg SX 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Bruce Simenton Crouse Kathryne Jane Magee 60 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO The Medical Record (YES, NO OR UNKNOWN) 198-05-1192 The Clinical Center, NIH, Beth. 18 CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c deroblastic Anemia Conditions, if ony, which cause (a), stoting underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 7 a ACCIDENT WAS UNDERLYING 716 TIME OF INJURY (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (IXthis haspital) attended the deceased from 16 January sow the deceased alive on 15 January 19 80 and that in (IX) to 10 80 .. and that in (n) (our) opinion death occurred on the date and hour and from the causes stated PHYSICIAN DIRECTOR PHYSICIAN Clinical Center, National

Spring Hill Cemetery Shippensburg, Cumberland, Penna Burial Feb. 3, 1980 24. FUNERAL DIRECTORMervin O. Fogelsanger 112 W. King St 240 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 1/76 Shippensburg Pa Hogelsanger

(VR A 15 (4))

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Institutes of Health, Bethesda, Md

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18 025 B.S.

Rockville, Maryland

FOR

REGISTRAR

- STATE

DHMH - 16 50M 1/76 (VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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STATE OF MARYLAND DEDA DESCRIPTION OF REPAIR AND SERVICE AND DEPAIR AND D

	1 -	STATE REGISTRAR		CE	RTIFICATE OF DEATH	0 0	0 5. NO.	19	5 9
		CEASED NAME FIRS	T	AIDDLE	LAST	20 DATE OF DEAT		DAY YEAR	2b HOUR
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	3. SE)	X	4. RACE	5. C	ATE OF BIRTH	6 AGE (IN YEARS LAS		IF UNDER 1 YEAR	IF UNDER 24 HRS
	М	ale	White	No	wember 9, 19]	A CONTRACTOR OF THE CONTRACTOR	YRS	MONTHS DAYS	HOURS MIN
	Jo BI	RTHPLACE STATE OF FOREIGN	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	WHAT COUNTRY? 8		- 9 BALTIMORE CIT			
(-	est Virginia	U.S.		ARRIED NEVER MARRIE				- LY
4		TY OR TOWN OF DEATH			DOWED DIVORCED OME OR OTHER INSTITUTION	N 120 USUAL OCCU	PATION	12h VINID (OF BUSINESS OR
1			NOT IN SUC	H FACILITY, GIVE STREET ADDRE	55) Clinical Ce	nterTYPE OF WORK FOR MC	5T OF WORKING	LIFE) INDUSTRY	
GI		hesda	Nationa	1 Institute	s of Health	Laborer		Const	ruction
· A	13a S	AL RESIDENCE (IF NURSING HO) TATE		130 CITY OR TOWN	13d INSIDECITY LIMI	TS? 13e. STREET ADDRE	SS		
>	Ves	t Virginia Ra	aleigh Co.	Beckley	YES X NO	207 N. V	ance D	rive	
4	14 FA	THER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDE	NNAME			
1		John	R.	Daniel	Naddie	MIDDI	5	Davis	ST
+		VAS DECEASED EVER IN U.	S. ARMED FORCES?	166 SOCIAL SECURITY		AC	DRESS	20,12,0	
5	(Y	res, no or unknown) (IF YE	None	253-10-048	4 Mrs. Vivia	m Daniel	Same a	s # 13	
				- 75	+ harps ATATA	II DOMINGT	Dunic a.		IMATE INTERVAL
		18 CAUSE OF DEATH (Ent	AUSED BY		1100 100 0				1.00
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		Conditions, if ony, which		Hempse	vhage			mir	WHES
		cause (a), stating th	DUE TO, OF	AS A CONSEQUENCE	OF	,		wee	100
		underlying cause las	((c)	Carcino	ma of	luna		Wee	CK5
	_	PART 2 OTHER SIGNIFICA	ANT CONDITIONS CO	NTRIBUTING TO DEAT	H BUT NOT RELATED TO THE	TERMINAL DISEASE OR C	ONDITION G	IVEN IN PART 1	a)
	CERTIFICATION								
7	CAI	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH OPER	RATION WAS PERFORMED	200 AUTOPSY?		ES, WERE FINDI	
4	Ħ					YES NOT		ES [NO
_	E E	210 ACCIDENT WAS UNDERLYIN			21c. HOW INJURY O	CCURRED (ENTER NATURE OF	NJURY IN ITEM 18	, PART I OR PART 2)	1
1	AL	OR CONTRIBUTING CAUSE OF CHIEF EITHER, NOTIFY MEDICAL EXAM	OI DEMIII	M. MONTH DAY	19				
	MEDICAL	21d INJURY OCCURRED	21e PLACE (21f LOCATION				
	W	WHILE NOT WHILE C	(AT HOME, STR	EET, FACTORY, OFFICE, FARM, E	TC.) STREET	CITY OF	TOWN	COUNTY	STATE
		220.1 certify that (1/2) (this		despared from D		80 79: Janua	mr 18	10.80	11 . 25 / -> 1
		sow the deceased of		18 19 80	_, and that in (mg) (aur) op				

DEGREE

MEDICAL STAFF
DIRECTOR | PHYSICIAN | Clinical Center, National Insti-

22c. DATE SIGNED 18

730. BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE Jan/22/80

tutes of Health, Bethesda, Maryland 20205 23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION

Blue Ridge Memorial Gardens Prosperity, West Va. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 (VR A 15 (4))

Burial

MPORTANT: If Item 21 is marked ar Item 18 shows ony

BP.

Riverdale, Maryland Chambers Funeral Home

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR EIRST L DECEASED NAME 2g. DATE KNOWN TYPE OR PRINT OF DEATH MATED 80 Ida Van Siclen Davis DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. 4. RACE IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 10 80 DEAD emale 74. RS Cauc. 11/8/05 TE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY WIDOWED I DIVORCED [New York Montgomery County 12b. KIND O D. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 17a USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY 5310 Silver Spring Pine Orchard Drive Homemaker Home USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 33d INSIDE CITY LIMITS? 13e STREET ADDRESS 3a STATE 13b. COUNTY Silver Springyes CX NO 15310 Pine Orchard Drive laryland Montgomerv 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST AND William Van Sic1en Matilda. Hannah Durvea 166. SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 3800 Hillcrest Lane Van DIVISION (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Annandale, Virginia Siclen. 058-28-7050 Davis No 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c). PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIEMAN CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF DEPARTMENT OF PRIOR TO BURIAL, YES [] NO TY 21a EXTERNAL CAUSE WAS 716. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME, STREET CITY OR TOWN COUNTY STATE STREET, FACTORY, FARM, ETC.) WHILE AT WORK and in my apinion 220. I certify that I took charge of the remains described above, held an Natural causes Accident Homicide Undetermined monner death resulted from: Suicide TO ME.

FACE A SHOULD ...
TO FUNERAL DIRECT
AFTER DEATH, WITH
"ALTMORE, MARYL! TITLE (SPECIFY) DATE 1/6/80 ACTUAL Deputy SIGNATUR Silver Spring. 1919 Seminary John S. Rogers, M.D. Rd. Maryland 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL, CREMATION, REMOVAL 23b. DATE Burial 1/11/80 New Lots Cemetery Brooklyn. New York 250. DATE REC'D. BY REGISTRAR ROBERT A. ABUMPHREY FUNERAL HOMES, P.A. BETHESDA, MARYLAND 24 FUNERAL DIRECTOR **DHMH-17** Tirkry McCready 1980 (VR A15 ME (5)) 15M 7/76

SARBOTT CHARLES OF THE SECOND

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 20 DATE OF DEATH 2b. HOUR TYPE OR PRINTI DAVIS. Jr. January 15 1980 6:10A Cahill Thomas 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH 1937 HOURS Male Caucasian March 9 42 To BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED X NEVER MARRIED COUNTRY) New Jersey USA WIDOWED DIVORCED Montgomery ID CITY OF TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! (TYPE OF WORK FOR MOST OF WORKING LIFE US Gov 't National Naval Medical Center Bethesda U. S. Navv BALTIMORE, MARYLAND 2120 JSUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE Arlington 13e STREET ADDRESS filled auld k 13d INSIDE CITY LIMITS? Arlington 107 North Greenbriar Street Virginia 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST pup Thomas Cahill Davis, Sr. Angela Murray ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT Pages IYES, NO OR UNKNOWNI (IF YES, GIVE WAR OR DATES) 1962-80 144 26 3373 Mrs. Marilyn Davis Yes See item 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per fine for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Pulmonary consolidation and hemorrhage DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE 10 traumatic ь DUE TO OR AS A CONSEQUENCE OF emotion, Diffuse Hodgkins disease Conditions, if ony, which gove rise to immediate other t couse to, stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost Diffuse pneumonia CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION P prior 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? burial-transit pe Mental Hygiene YES 😿 NOF YES T NO [21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH tem MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21f. LOCATION marked or 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE AT WORK AT WORK an 80 220.1 certify that (1) (this hyspital) attended the keased from. Jan. 80 and that in/(my) (our) opinion death occurred on the date and hour and from the causes stated of Fibw the body after DEGREE 22c. DATE SIGNED ã ATTENDING MEDICAL STAFF should be deta with the State [Jan. 15,1980 DIRECTOR PHYSICIANX MPORTANT. PHYSICIAN 22d. PNYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS John F. Eisold, M.D. National Naval Medical Center, Bethesda, Md. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE Jan. 18, 1980 Arlington National Arlington Arlington Va. BP Burial 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR SO REGISTRAR SOGNATURE DHMH - 16 50M 1/76 (VR A 15 (4)) W. W. Chambers Co. Silver Spring, Md.

FOR STATE REGISTRAR
DECEASED NAME

female

STATE OF MARYLAND

WIDOWED

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO 20 DATE OF DEATH

Marc Kene Anna. Deavers Marclena 3 SEX LRACE 5 DATE OF BIRTH MONTH YEAR

January 16, 1980 6 AGE (IN YEARS LAST BIRTHDAY)

IF UNDER 24 HRS. IF UNDER I YEAR

white To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY?

June 21.1923 MARRIED NEVER MARRIED

BALTIMORE CITY OR COUNTY OF DEATH Montgomery

126 KIND OF BUSINESS OR INDUSTRY home

Maryland U.S.A. 10 CITY OR TOWN OF DEATH

Howard

16g. WAS DECEASED EVER IN U.S. ARMED FORCES?

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Montgomery General ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

Hospital 13d INSIDE CITY LIMITS?

housewife 13e. STREET ADDRESS Rt#

12a USUAL OCCUPATION

TYPE OF WORK FOR MOST OF WORKING LIFE

MIDDLE

Thompson

4 FATHER'S NAME Edward

(YES, NO OR UNKNOWN)

Olney

Maryland

(IF YES, GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and

Grav 166 SOCIAL SECURITY NO

Lisbon

212 20 6244

Laura 17 INFORMANT

Clvde M.

NO X

15 MOTHER'S MAIDEN NAME

Rt#ADDES

Lisbon, Maryland 21765

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410	-	
Conditions,		
gave rise	to imme	diate
couse o',	stoting	the
underlying	couse	last

OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

CERTIFICATION

MEDICAL

00

MPORTANT

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

YEAR

21c HOW INJURY

(ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

CITY OR TOWN

20g AUTOPSY?

IN CERTIFYING CAUSES OF DEATH?

NOT WHILE

IDEN WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

sow the deceased alive an

(IF EITHER, NOTIFY MEDICAL EXAMINER)

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 220.1 certify that (1) (this hospital) ottended the deceased from

HOUR A.M. MONTH

PM

21e PLACE OF INJURY

211. LOCATION

, and that in (my) [puropinion death occurred on the date and hour and from the causes stated

COUNTY

20b. IF YES, WERE FINDINGS USED

CODWARD

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

DEGREE

ATTENDING DIRECTOR PHYSICIAN

DHMH - 16 50M 1/76 (VR A 15 (4))

24. FUNERAL DIRECTOR

23a. BURIAL, CREMATION, REMOVAL

burial

Crest Lawn Mem. SLACK Funeral Home, Ellicott City, Maryland 21043 JAN

250 DATE REC'D. BY REGISTRAR TIM RES

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history/Kalresoly

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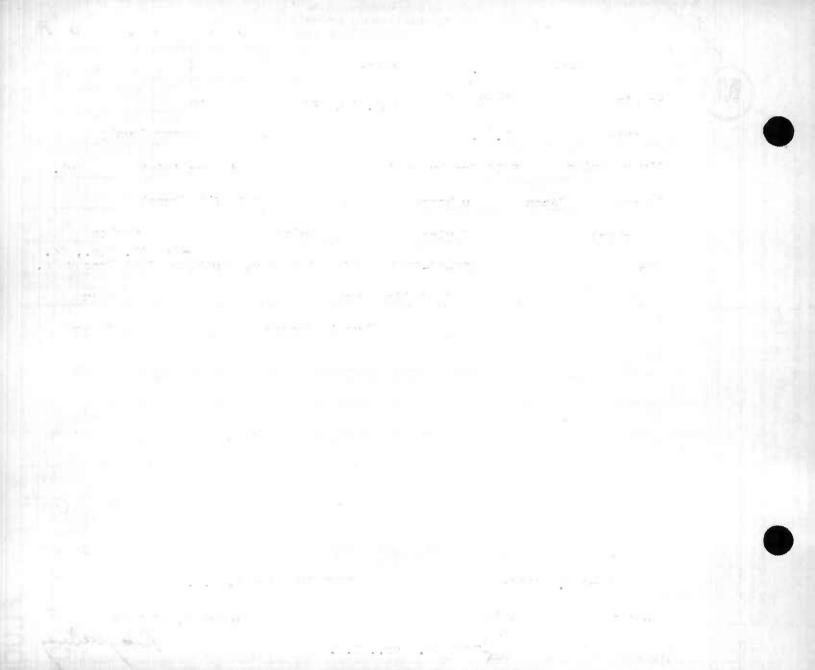
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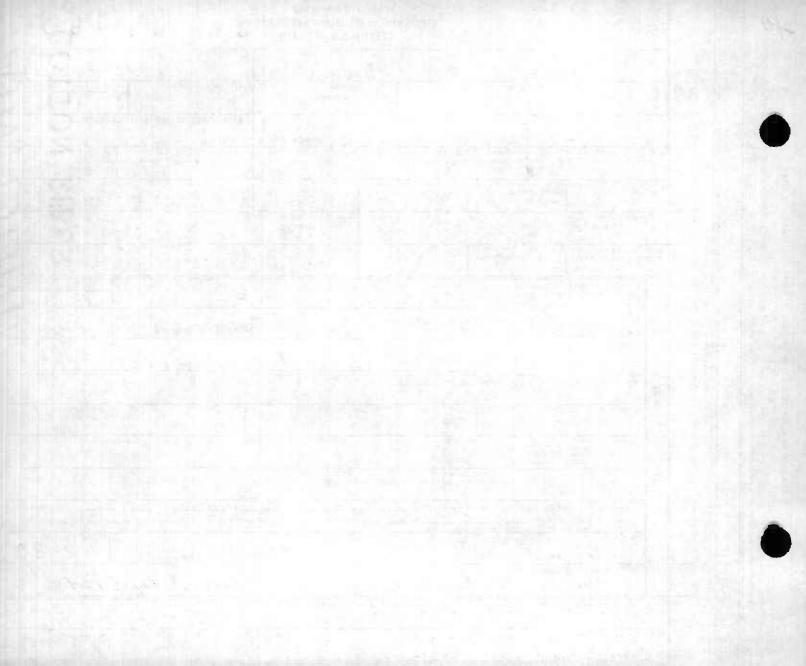
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDOLE LAST 20 DATE OF DEATH MONTH 2b. HOUR TTYPE OF PRINTS Dibble 1980 0 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHOAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH DAY YEAR DAYS HOURS Black 79 Oct. 15. 1900 YRS **BALTIMORE CITY OR COUNTY OF DEATH** Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Montgomery County U. S. WIDOWED X DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 9101 Croshy Road Ass't Archivist Pvt. USUAL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 1136. COUNTY 1130. CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Tuskegee 108 Bibb Street YES K NO [IS MOTHER'S MAIDEN NAME LAST MIDDLE LAST Beatrice Rochon Taylor 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IAN SOCIAL SECURITY NO 17 INFORMANT Sil. Spr., Md. (IF YES, GIVE WAR OR DATES) Helen Cannaday, Daughter 9101 Crosby Rd. 423-64-5311 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic).
PART I. DEATH WAS CAUSED BY Metastatic Cancer 2 yrs IMMEDIATE CAUSE (6) DUE TO, OR AS A CONSEQUENCE OF Thyroid Cancer 21 vrs DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR 21s PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE 22a I certify that (I) (this hospital) attended the deceased from and that in imv (our) opinion death occurred on the date and hour and from the causes stated DEGREE 224. DATE SIGNED IL MATTENDING 1-6-80 MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 5505 5th Street. N.W. Robert T. Dibble 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE CITY OF TOWN COUNTY STATE Tuskegee, Alabama 250 DATE REC'D. BY REGISTRAR 256. REG. RAR'S SIGNATUR DHMH-16 20M ~7400 Ga. Ave., N.W. (VRA 15, 4) 7/78



Arlington, Va.



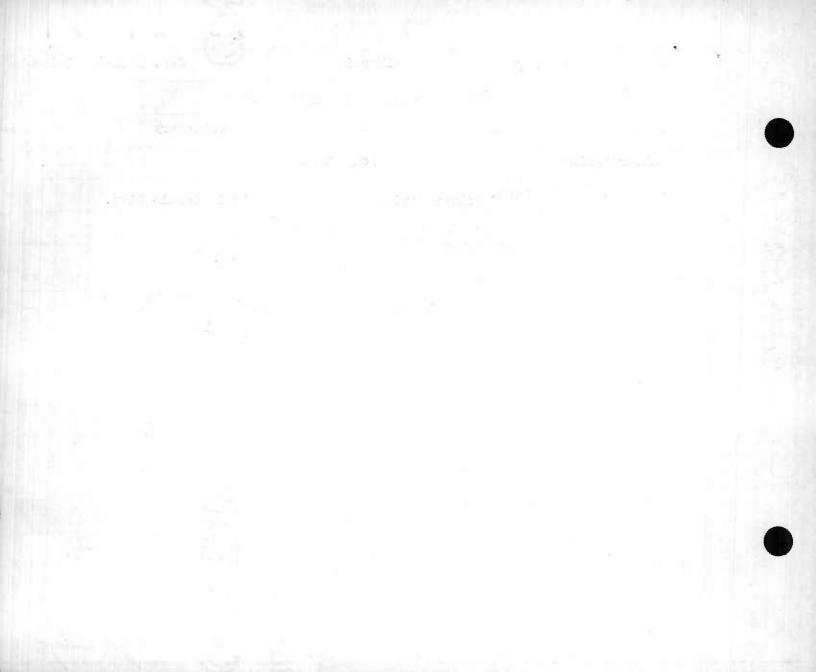
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		PE OR PRINT)	Mart	in		E.	Dietz		OF EST DEATH MAT		- 12 19	
	3 SE	X	4. RACE	5. DATI	E OF BIRTH	6. AGE (IN YE	ARS IF UNDER 1 YR.	IF UNDER 24 HR		MON	TH DAY	YEAR 2d. HOU
	***	ale	white	Can	t 12, 18	96 83 Y	mornio data	HOURS MIN.	PRONOUNCED	Jan -	12 10	80 115
0	7a 8	IRTHPLACE (STATE OR	7b. CIT	IZEN OF WHAT	COUNTRY?	8. MARRIED NEV		9. BALTIMORE	CITY OR CO	UNTY OF DEA	ATH ATH
7		oreign country)	New York	Z II.	S. A.		WIDOWED X	DIVORCED [Montgo	merv		ME
	ID. C	ITY OR TOWN	OF DEATH	11. NA	ME OF HOSPITA		, OR OTHER INSTITUT		SUAL OCCUPATIO	N (TYPE OF WO	ORK 12b. KIND	OF BUSINESS
0	В	ethesda				an Road		Pul	olic Rela	tions		sury Dep
-				OR OTHER H	NSTITUTION GIVE RE	SIDENCE BEFORE ADMISS	113d. INSIDE CIT	V 11MITS2 113. S	REET ADDRESS			
5	M	arvland		tgom		Bethesda	YES X		18 Rodma	n Road		
		ATHER'S NAM		WIDDLE		LAST	15. MOTHER	R'S MAIDEN NAM			LASI	1
0		Martin	Destruction of the second			Dietz	M	ary			Gavn	or
/	160.	WAS DECEASI	OWN (IF YES, GIV		ATES)	66. SOCIAL SECURIT					ssvill	e, Va.
		VES, NO, OR UNKN				088 - 01 - 72	20 Debor	ah Diet	z, Dtr/ B	ox 74M	Rtl.	
		18. CAUSE C	OF DEATH (Enter of EATH WAS CAUS	inly ane co	ause per line far	(a), (b), and (c).)	10	. [1 1	7	APPRO BETWEEN	DXIMATE INTERVAL N ONSET AND DEATH
		PARTID		ATE CAUS	E (a) Ar	terrosel	rotic Care	liores	ev/ar L	riseas	5	
		142	72		DUE TO, OR AS	A CONSEQUENCE	OF					
			ons, if any, whice		(b)							
			a) stating the <u>under</u> use last.	<u>r</u> .) [DUE TO, OR AS	A CONSEQUENCE	OF .					
		7			(c)							
	7	PART 2 OTHER :	IGNIFICANT CONDITION	S CONTRIBUT	TING TO DEATH RUT	NOT RELATED TO THE TERA	INAL DISEASE OR CONDITION	GIVEN IN PART 1 (a).				
4	101	100 DATE O	FOPERATION	-	IAL CONDITIO	LEOD WHICH OBE	ATION WAS PERFORA	AED2			I2D AUT	OBCV2
2	HCA	IN. DAIL O	OFERATION		178. CONDITIO	VIOR WINCH OFER	ATION WAS FERTORA	NED:				
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME MIDDLE 28 DATE OF DEATH MONTH 26. HOUR TYPE OF PRINTS OSEDH NMN January 980 DATE OF BIRTH . AGE IN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 HRS. YEAR WHITE MALLE 1922 Nov. TE BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED New York U.S. A ONTGOMERY County. WIDOWED DIVORCED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY U. S. Gov't Hospital Accountant USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
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1131 CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS MARY LANT 19153 ROMAN WAY MONTGOMERY GAITHERS BURG NO [IL FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE DiGiorgio Grace MIDDLE Muscolino 166 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) 093-14-4291 Eileen M. DiGiorgio, Same as 13 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY RESPIRATORY ARREST IMM EDIATE IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF DAYS PNEUMONIA Canditians, if any, which gove rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF AMYOT ROPHIC LATERAL SCLEROSIS underlying cause last. YEARS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 CERTIFICATION ILEUS 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NONE NONE NOV NO W YES [21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 80 1080 220.1 certify that (1) (this here ted) attended the deceased from_ 080 saw the deceased alive on_ and that in (my) (early apinian death accurred on the date and haur and Iram the causes stated obave, (I) (we) (did not) view the body after death 22h. SIGNATURE DEGREE 221. DATE SIGNED M. D. ATTENDING MEDICAL DIRECTOR PHYSICIAN TO FUNERA should be det with the Stat 22d. PHYSICIAN'S NAME (TYPE OR PRINT) MONTGOMERY VILLAGE AVENUE SCHULMAN, M. 1 GAITHERSBURG 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 1-7-80 Metropolitan Crem. Alexandria, Virginia Cremation 24 FUNERAL DIRECTOR ROBERT PUMPHREY FUNERAL 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAB'S SIGNATURED DHMH-16 25M (VRA 15, 4) 1/79 HOMES, P. A., Rockville, Maryland

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 2e. DATE OF DEATH 1980 DiMarzio (TYPE OR PRINT) Jan. Federico 3 SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS IF UNDER TYEAR Male White 17, 1926 DAYS To BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Montgomery Resident Italy WIDOWED Silver Spring 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) HOLY CYOSS 12ª USUAL OCCUPATION 126. KIND OF BUSINESS OR Self-Employed Restaurant USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
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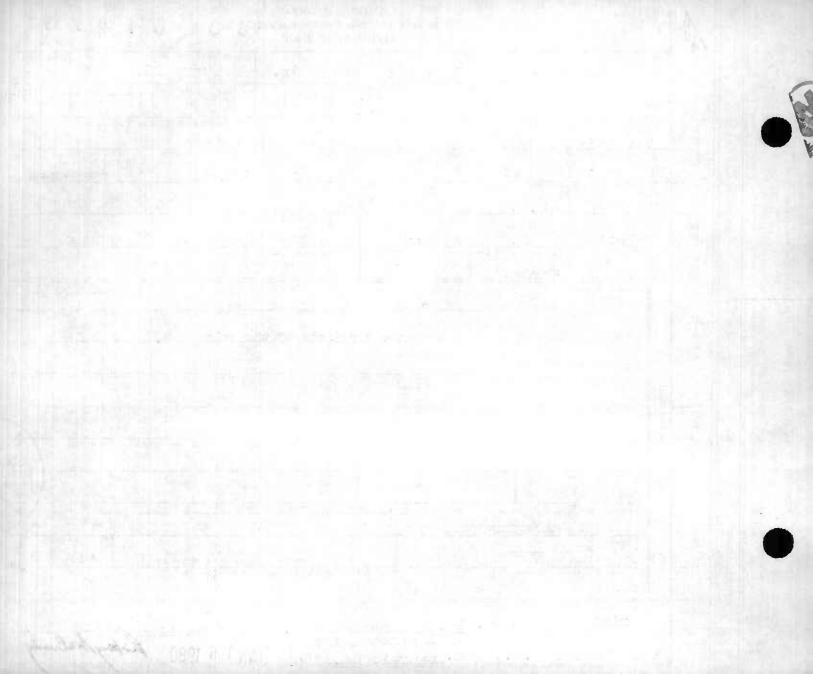
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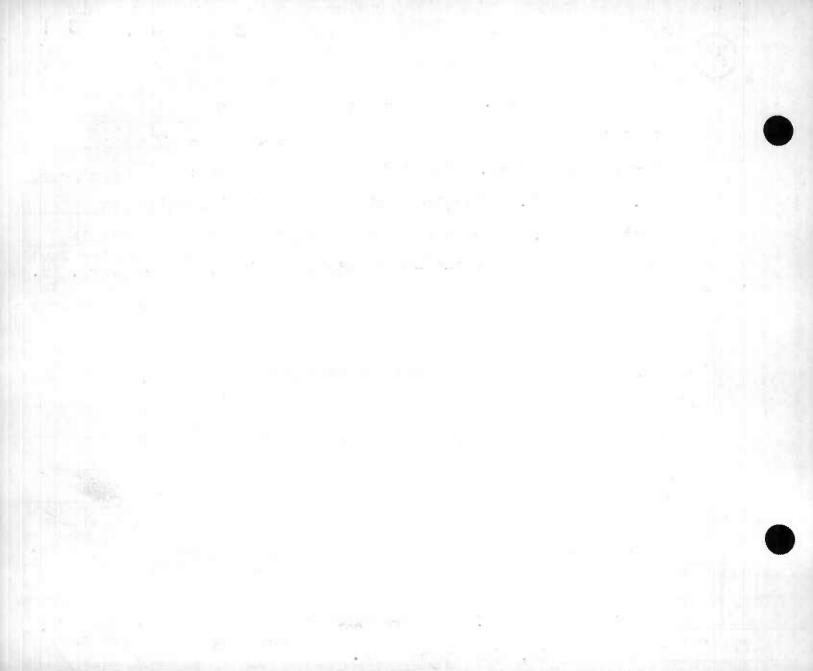
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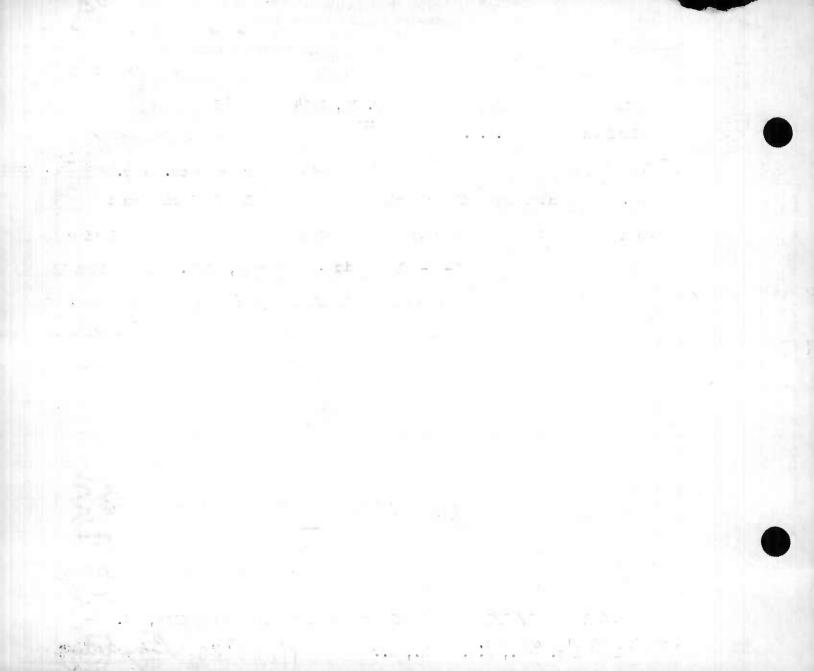
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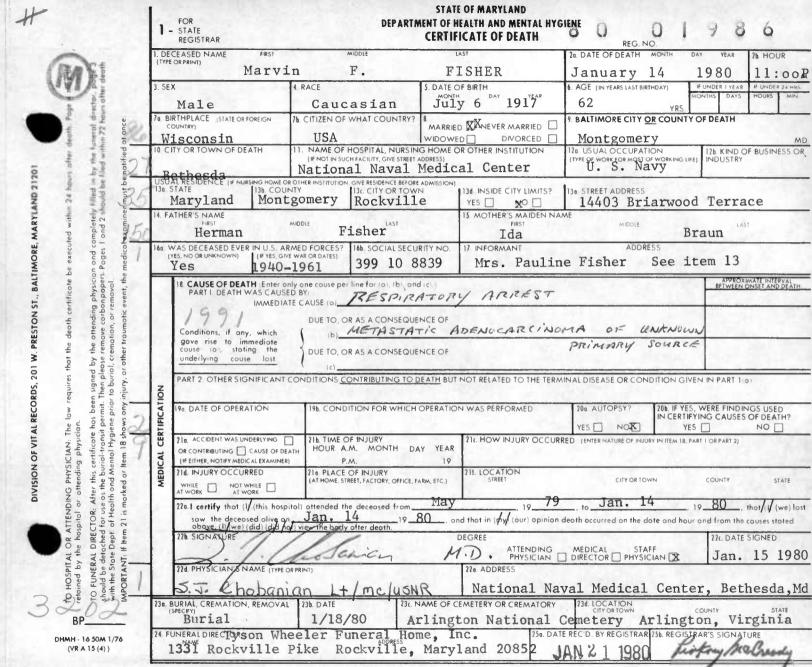
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	4 may 5 for, page offer dea	3. 9		4 RACE	5 DATE	OF BIRTH		6 AGE (IN YEARS LAST BIRTH		IF UNDER 1 YEAR	IF UNDER 24 HRS
	oge 4		FEMALE	WHITE	MAY	12	1886	93	YRS	MONTHS DAYS	HOURS MIN
	leath. Pour neral di in 72 ho	0	BIRTHPLACE (STATE OR FOREIGN COUNTRY) RUSSIA	NONE	8. MARRIE WIDOWI		MARRIED	9 BALTIMORE CITY OF	_	OF DEATH	MD.
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AND 212	filled in rould be	7 130	UAL RESIDENCE (IF NURSING HOMEO STATE D. C.	R OTHER INSTITUTION, GIVE RESIDENCE BE NTY LIST CITY OR TO WASHING		13d. INSIDE	CITY LIMITS?	130 STREET ADDRESS 524 QUACKE	ENBOS.	STREET	, N.W.
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IMORE	oe execut in and co Pages I	2	WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GIV NO	RMED FORCES? 166 SOCIAL SE E WAR OR DATES) 577-84		17 INFORM	LD FAINB	SERG STLVER			VIAND
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PRE	the re-		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	DUENCE OF						
	- 000 5		underlying couse lost	(c)							
DS, 2	quires signe Then pl ta buri njury, a	z		conditions <u>contributing 1</u>	O DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR COND	ITION GIV	EN IN PART 1(o	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	has been permit. I she prior	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATIC	N WAS PERF	ORMED	200 AUTOPSY?	20b. IF YES IN CERTIF	, WERE FINDING YING CAUSES O	GS USED OF DEATH?
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VISION	HY ndir or bu	MEDICAL	21d. INJURY OCCURRED WHILE ONT WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI		211 LOCAT		CITY OR TOW	N	COUNTY	STATE
ā	or or Aft		22a.1 certify that (1) (this hosp	ital) attended the deceased from	(1)	1479	, 19	10 22 11	TH.		hot (I) (ye) lost
-	OR ATTEN e haspital DIRECTOR sched far u Dept of He			ot) view the body ofter death.	, 0		r) (get) opinion o	death accurred on the do	te and hou		
			22b. SIGNATURE	out Man	ust	1 /		MEDICAL STAF	F IAN 🗌	22c. DATÉ S	3/80
	HOSPI bined b FUNEI ould be th the Si		226 PHYSICIAN'S NAME (TYPE O	T KRAMER, M.D.		220 ADDRE	530 FE	270N St		8.68.	1600
	0 4 5 4 8 8		BURIAL, CREMATION, REMOVAL		C. NAME OF C			23d. LOCATION CITY OR TOWN		COUNTY	, ŞTATE
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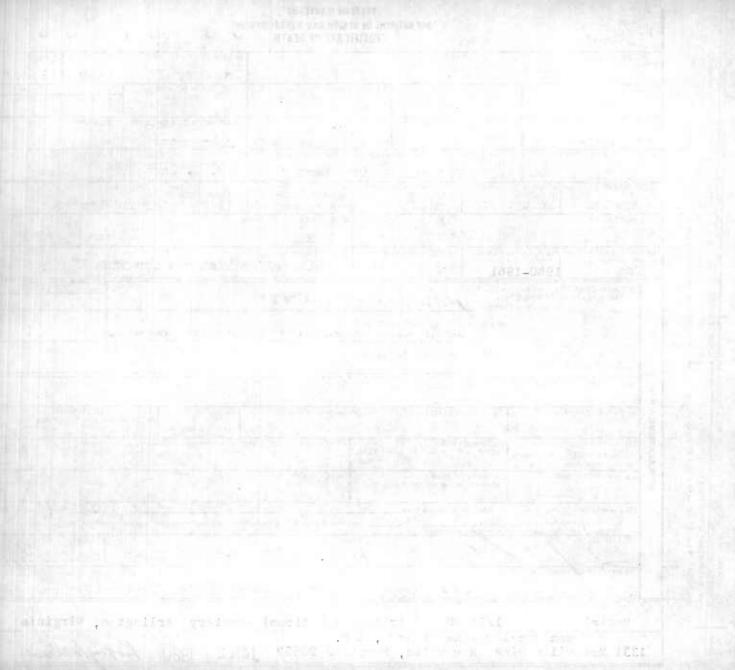
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1	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
	- STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	EG. Q. 1 9 8 4
	DECEASED NAME FIRST	MIDDLE LAST Za. DATE KNO	
(TYPE OR PRINT)	OF EST	1 /12
3. 9	SEX 4 RACE	S. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 7c. DATE	MONTH DAY YEAR 70 HOU
	Men White	MONTH DAY YEAR ASJ BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	T- 21 00 63
70	Male White	7b CITIZEN OF WHAT COUNTDY2 IR 9 BAITIMORE	CITY OR COUNTY OF DEATH
G	FOREIGN COUNTRY)	MARRIED MEVER MARRIED	
	IEW YORK CITY OR TOWN OF DEATH		on of pmery MI
2	C-1 D	(IF NO LIN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LI	IFE) OR INDUSTRY
0	ocl. Lpg	I de die Cocity Iv	lanager
130	UAL RESIDENCE (IF IN NURSING HOM. STATE 13b. COL	JNTY 13c. CITY OR TOWN 13d. INSIDE (ITY LIMITS? 13e. STREET ADDRESS	1 0
DL	Md- 1	Mont Stlopa, YES NO. 18 427 Br	ench DV.
14.	FATHER'S NAME	MIDDLE LAST 15. MOTHER'S MAIDEN NAME FIRST MIDDLE	LAST
0	William	C. Ferro Lillian	Baker
160	WAS DECEASED EVER IN U.S. A		DRESS
1 4	'es 1952		same as 13e
F		anly one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL
	PART I DEATH WAS CAUS	SED BY:	7 . C BETWEEN ONSET AND DEATH
	4391 MMEDI	DUE TO, OR AS A CONSEQUENCE OF	- 12
	Conditions, if any, which	ch	
	gove rise to immedio cause (a) stating the unde		
	lying cause lost.	DOE TO, OR AS A CONSEQUENCE OF	
	BART 2 ATHER CICHIFICANT CONGITIO	(c)	
2		NS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
CEPTIEICATION	19a DATÉ OF OPERATION	LC IN COURT FOR MAINS HORE TO THE STATE OF T	
Spirit Aspirit	1/8 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
4	100		YES NO NO
		216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)
MEDICAL	CONTRIBUTING CAUSE O		
i i	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN	COUNTY STATE
1 *	WHILE DOT WHILE	O STALL, FORM, ETC.)	eou
EXAMINER: THIS CER CERTIFICATE, WRITING UIU BE FORWARDED DIRECTOR: PAGE 3 S WITH THE STATE DEP ARYLAND, 21201 PRIC		arge of the remains described above, held an Autopsy , Inspection , Inquiry ,	ond in my opinion
,			Ond in my opinion
	deom resulted from: No	turol couses Accident , Suicide , Homicide , Undetermined monner	<u> </u>
MARTLAND	ACTUAL /	TITLE (SPECIFY)	DATE . 7 2/18
MORE, W	SIGNATURE	M.D. MEDICAL EXAMINER	SIGNED
730	EXAMPLER'S NAME	0 8 110	1 0/0
- 00	(TYPE OR PRINT) Joh		d Silver Spring, Md.
730	BURIAL, CREMATION, REMOVAL	CITY OR TOWN	COUNTY STATE
9.1	Burial	Jan 29, 1980 Gate of Heaven Silver Spa	ine Mont Md.
	FUNERAL DIRECTOR France	cis J. Callins	The streets
150	00 University Bo	oulevard. W. Silver Spring, Md. FFR 1 1980	

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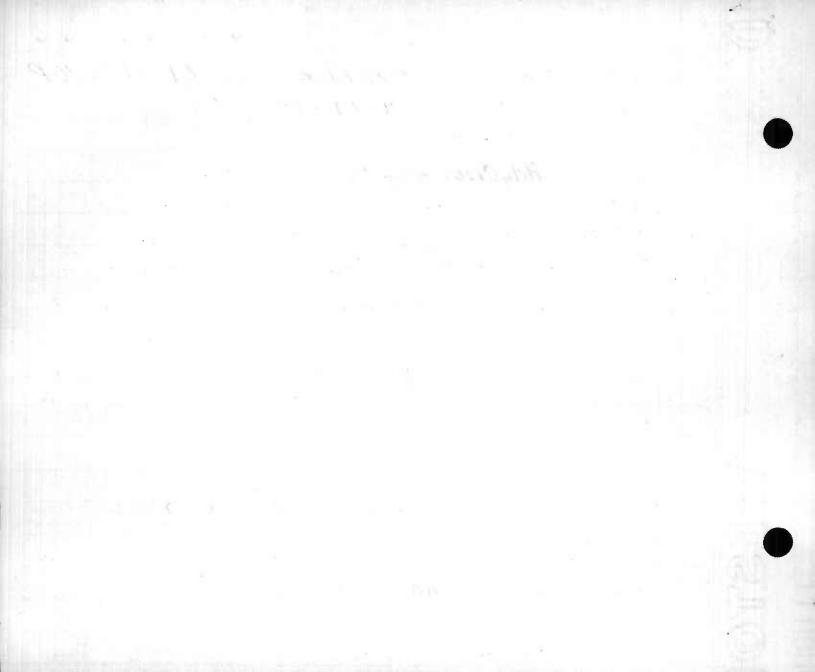
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATHS REGISTRAR 20. DATE KNOWN X DECEASED NAME 7b. HOUR (TYPE OR PRINT) ESTI-Thomas Fritz DEATH MATED J. 10 19 80 6. AGE (IN YEARS IF UNDER 1 YR 2d. HOUR 3. SEX 4 RACE DATE OF BIRTH IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED 7:50A DEAD Male White April 18 92 87 YRS 180 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) USA Wash.D.C. WIDOWED & DIVORCED Montgomery County, ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Silver Spring Colonial Villa Nursing Home Railroad - Railway Express USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13a STATE 113h COUNTY 13c CITY OR TOWN S.S. 12325 N.H.Ave.S.S.Md. Md. Mont. YESK NO [15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE LAST UNK OF VIT UNK 166 SOCIAL SECURITY NO. 17 INFORMANT Same as ababyess IN WAS DECEASED EVER IN U.S. ARMED FORCES? Villa) DIVISION IYES, NO. OR UNKNOWNS HE YES GIVE WAR OR DATES! 718 18 7999A Diana R. Gordon (Adm. of Colonial No 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) AND DEATH PART I DEATH WAS CAUSED BY: (MMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (n) CERTIFICATION 19a DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES T NO 🗌 216. TIME OF INJURY 21a EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE AT WORK 22a, I certify that I took charge of the remains described above, held an Autopsy Inspection death resulted from: Notural causes Accident Undetermined monner TITLE (SPECIFY) ACTUAL M.D. Deputy Chiefedical Examiner SIGNATURE PAGE 4 TO FUNE AFTER DE EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. Balto., MD. TYPE OR PRINT) 23g. BURIAL, CREMATION 1 23b. DATE 236 NAME OF CEMETERY OR CREMATOR' STATE (SPECIFY) 1/14/80 Rock Creek Cemetery Wash.D.C. Burial 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) Hines/Rinaldi F.H.11800 N.H.Ave.S.S.Md. AN1 15M 7/76

STATE OF MARYLAND

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	11-	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	1 3 0 3
	Ι.	REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1 4 4 3
		CEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN	MONTH DAY YEAR 26. HOUR
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SASSE	A	EW JERSEY	II C A	-
S NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. D. WITHIN 72 HOURS W. PRESTON STREET,		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE	EOF WOR 12b. KIND OF BUSINESS
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DIVISION OF VITAL RECORDS, 3D1 W. PREST S CERTIFICATE SHOULD BE EXECUTED WITHIN RITING THE WORD "PENDING" IN PROLL IN ROED TO THE CHIEF MEDICAL EXAMINER A E 3 SHOULD BE USED AS A BURIAL-TRANSIT E DEPARTMENT OF HEALTH AND MENTAL HY PRIOR TO BURIAL, CREMATION, OR REMOVA		PART 2 OTHER SIGNIFICANT GONOLTIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
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DIVIS THIS CER WARDED PAGE 3 S TATE DEP		WHILE NOT WHILE DAT WORK		
			ge of the remains described above, held an Autapsy 🔲, Inspection 🔛 Inquiry 🔲, an	d in my apinian
KATE FORE ND, 2				a iii my apinian
EXAMINE CERTIFICA JUD BE FO DIRECTOR WITH THE ARYLAND,		death resulted fram: Natur	ral causes Accident , Suicide , Hamicide , Undetermined manner ,	
OLCER WIN		ACTUAL 70	TITLE (SPECIFY)	DATE T
A HOHE -	-	SIGNATURE	M.D. Dep MEDICAL EXAMINER	SIGNED En 2519 50
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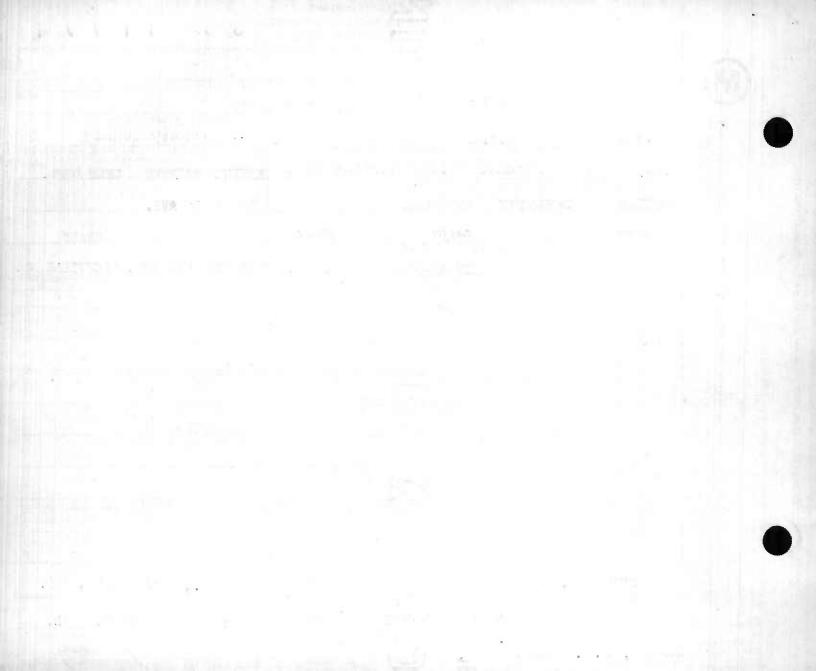
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STATE OF MARYLAND



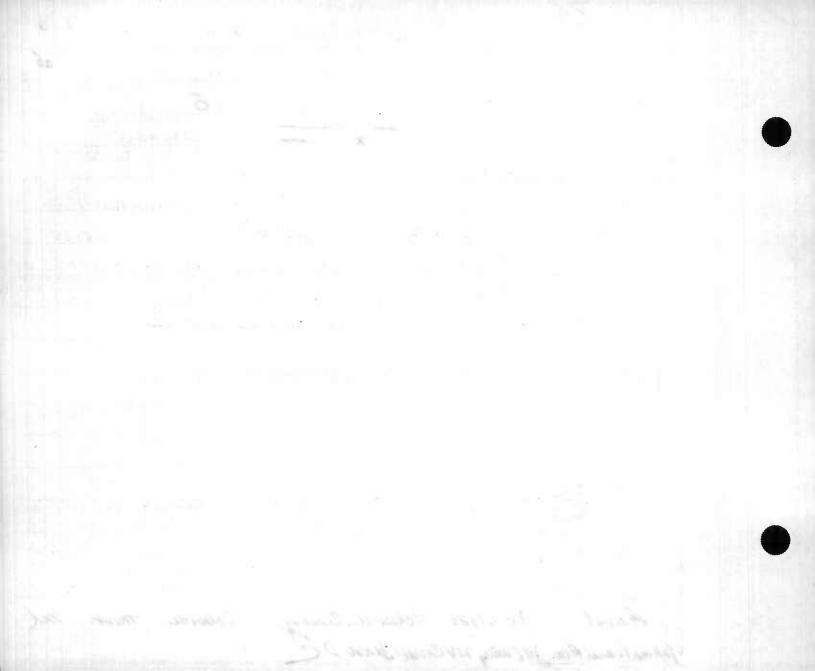
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PLEASE RECTOR. R FILES HOURS STREET,	3 SE	X	4 RACE	5. DATE OF BIRTH	6	AGE (IN YEARS	IF UN		UNDER 2	24 HRS. 2c. DATE	MOI	NTH DAY	YEAR 2d. HOUR
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E. THIS CERTIFICATE SE, WRITING THE WORKWARDED TO THE STATE DEPARTMENT STATE DEPARTMENT 22/201 PRIOR TO BURN	MEDICAL CERTIFICATION	UNDERLYING		HOUR A.M.	MONTH E	AY YEAR		Joni	4	al soul	10-	5-40	-1
S CERTIFIC RITING TH RDED TO E 3 SHOUL E DEPARTA PRIOR TO	AEDIC	21d. INJURY C	CCURRED	21e PLACE C	F INJURY DRY, FARM, ETC.		21f. LOC	ATION		CITY OF FOWN	No f	COUNTY	STATE
THIS CER WARDED WARDED PAGE 3 S TATE DEP	1	AT WORK	NOT WHILE AT WORK	Cent	er Evil	Redayo	edi	Rando	lip to	P25-6,5	29/	uint	arz
INER: ICATE, FOR: P TOR: P THE SI	7	22a. I certi	fy that I took charge	of the remains desc	ribed obove	, held on	Autops	y 🔲, In	spection	Inquiry 🖸	ond in n	ny opinion	
EXAMIN CERTIFIC UID BE I DIRECTO		death result	ed from: Noture	ol couses,	Accident	Suicio	de 🔲	Homicide		Undetermined monner	· 🔲 .		
MARK MARK		ACTUAL SIGNATURE	Chels	2	1	· ser	- M	TITLE (SPEC	CIFY)	MEDICAL EXAMINE	D	ATE CONENT	19/9PE
DICA TE TH 4 SH NERA NORE,	7		NIAME	07		0	5			MEDICAL EXAMINER	31	GINED	
TO MEDICAL EXAMINER. SECURE THE CERTIFICATION PAGE 4 SHOULD BE FOI TO FUNERAL DIRECTOR. AFTER DEATH, WITH THE BALTIMORE, MARYLAND, 2		EXAMPLE S (TYPE OR PRII						ADDRESS					
BP BP	230. B	Burial Burial	TION, REMOVAL 23	1/22/80		. Johr		crematory Cem.		HOLLYWOO	d St	"Mary	s STATE Md.
DHMH - 17		UNERAL DIRECT		ADDRESS					DATE RE	C'D. BY REGISTRAR 2			
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					STATE OF MARYLAND			
		1.	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	8 0	0 1 9	9 7
		I. DE	CEASED NAME FIRST	MIDDLE	LAST	REG. NO	ONTH DAY YEAR	Zb. HOUR
t.			OR PRINT)		Gerson	JANUA	Lillan	353
_		3 SE	X. Tlyma	1 RACE	5. DATE OF BIRTH	AGE IN YEARS LAST BIRTH		IF UNDER 24 HR
1	A		Vale	WHITE	MONTH DAY YEAR	85	YRS. DAYS	HOURS MIN
V	5]		RTHPLACE (STATE OR FOREIGN 7	TE CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
-	197	k	lussia	u. s. A.	WIDOWED DIVORCED	Montgo	mery	
	100	10 C	ROCK WILLS	11. NAME OF HOSPITAL, NURSI	1111	120 USUAL OCCUPATE	ON MORKING LIFE) MOUSTRY Operator WES	
	E	USU	AL RESIDENCE HE NURSING HOMEOR C	OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION)		UNI UNI	
	=35	MA		e beorge Hyatts vil	YES NO D	6619 Stante		· ON
	exau	14. F	THER'S NAME	ADDIE LAST	15. MOTHER'S MAIDEN NA	ME		
1	edical 4		Benjamin	Unascerta	inable Bessie	MIDDLE	Unasce	ertaine
#	me o		WAS DECEASED EVER IN U.S. ARM	WAR OR DATES)		ADDRE		
	4	L'	Yes WW-		0919 Mrs. Beverly	1 Z. Miles.	Same as No.	13
	even		18 CAUSE OF DEATH (Enter only	y ane cause per line for (a), (b), a	nd Ichi		APPROX BETWEEN	ONSET AND DE
	atic		PART I. DEATH WAS CAUSED	ECAUSE (a) Cardio pu	Imonary arrest			36 hm
5	ma		9/3-					
ou,	trai			DUE TO, OR AS A CONSEQU				
Ber	other	-19	Canditians, if any, which gave rise to immediate	(16) Hs phy	14			
5	or of		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOL	ENCE OF A C LACE	+		
	njury, o			(10) Choking	7			
200	ī.	z		ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR COND	ITION GIVEN IN PART 16	0)
	an)	일	ASHU					
e prior	smoys 2	S	190 DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIND IN IN CERTIFYING CAUSES	
herre		CERTIFICATION	***************************************			YES NO NO	YES 🗌	NO 🗌
	or Item 18	1 8	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2]	
and Mental Hygiene	Te d	1	OR CONTRIBUTING CAUSE OF DEAT					
	10	MEDICAL	[IF EITHER, NOTIFY MEDICAL EXAMINER]	P.M. 21e PLACE OF INJURY	211 LOCATION			
2	marked	ME.		(AT HOME, STREET, FACTORY, OFFICE,		CITY OR TOW	N COUNTY	STATE
	E C		AT WORK ON AT WORK					
	is is		220 I certify that (I) (this haspite	al) attended the deceased fram,	1/12 19 50	. 10 1/14	19 80	that (I) (we
	1299		saw the deceased alive an	1/19 19	and that in (my) (aur) apinian	death accurred on the do	te and haur and from the	causes state
	te		obove. (1) (we) (did) (did not) 27b. SIGNATURE	Tview the bady after death.	DEGREE		22t. DATE	SIGNED
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	E		werb. She	wer mo	PHYSICIAN	MEDICAL STAF	IAN 1/17	100
With the State	Y I		224. PHYSICIAN'S NAME (TYPE OR	PRINT)	22e ADDRESS		.1 0	1
	IMPORTANT: If Item		leter B.	Sherer mr	6410 Rockledge	H. # 308 F	Bethesda, mo	x, 200
	Ž-	22						
		230	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
_	- 11		Burial	1/15/80 Ki	ra David Memorial G	arden Fall	Brunch elli	maint.
	2584	24 F	UNERAL DIRECTOR Donald	M. Stein Habre	w Memorial F. His Al	5 1980 TRAR	THE THE THE	THE PLANT
	25M 1/79	1.23	2 Carroll Stree	t. N. W. Washi	naton. D. C. JAI	AT 1 1900		

CA 140 U.S. See Manual Control of Mark Charles The state was the state of the Yes the second of the Second 2 Hills Some of the Se Charles and any acres A. Augusta and the second of the second 28/4/1 X Sun - made of the Letter B. Sherrer and Dette bouldedge D. 478E Between 1781 404 4 A Property Commencer of the Commencer of



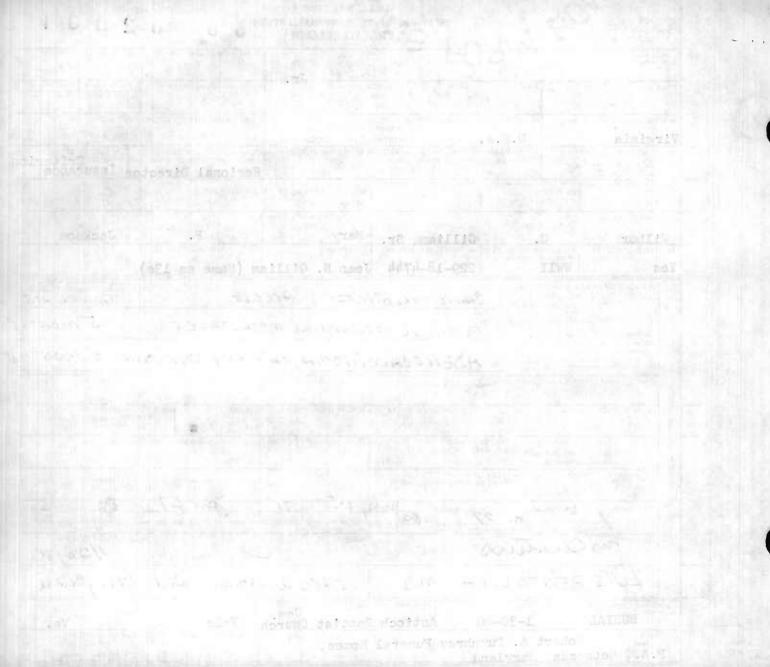
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(sas)			CEASED NAME FIRST	MI	DDLE	LAST		20 DATE OF DEATH		YEAR 2b HOUR
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6 0 5		3. SE		4 RACE	5	DATE OF BIRTH		6. AGE (IN YEARS LAST BI	RTHDAY) IF UNDER	RIYEAR IF UNDER 24 HRS
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ner ner	00	10	Ohio	UNIA		IDOWED D	DIVORCED [Montgone	cri)	MD.
with	Po	10 C	ITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSING I	HOME OR OTHER	INSTITUTION	120 USUAL OCCUPA	TION 12b.	KIND OF BUSINESS OR
- + p	100	5	Town Garage MI	(IF NOT IN SUCH	FACILITY, GIVE STREET ADD	RESS)		(TYPE OF WORK FOR MOST		USTRY
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ba ed db	DE	130.	STATE 113b CO	JNTY	13c. CITY OR TOWN	113d INS	IDE CITY LIMITS?	13e. STREET ADDRESS		
AND n 24 r fille hould	E)	_		gomery	Kensingt	on YXX) NO [9615 Be	xhill Dr	ive,
ertely 2 sl	eu .	14, F/	ATHER'S NAME	MIDDLE	1467	15 MOT	HER'S MAIDEN N		- 10 Harris - 63	
MARYLAND 21201 ed within 24 hours of impletely filled in by ond 2 should be file	1/5/		Thomas	WIDDLE	White		Anna	WIDDLE		Woulfe
	00	16a \	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECURIT		ORMANT(son) ADDR	RESS	MOUTTE
MORE e exect	ledio /			IVE WAR OR DATES!		70 7	(Son)		
be be	e .				53-01-84	T8 IKOD	ert N.	Gifford-		
BALTIMORE, cote be execut ysicion and coppers. Pages 1	ŧ,		18 CAUSE OF DEATH Enter	only one couse per h	ine for (o), (b), and (c	Li Carlo			86	APPROXIMATE INTERVAL
T., Ithic	, en		PART I. DEATH WAS CAUS	ATE CAUSE (0)	Prouse	muc	~			ed and
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PRESTON ne deoth co	. E	1	706-	DUE TO, OR	7 77					
RES de de	trou		Conditions, if ony, which gove rise to immediate	(b)	analysis	v				
t the	je		couse to stoting the	DUE TO, OR	AS A COMSEQUENCE	E OF A		1 1-		
thot thou	or oth		underlying couse lost	(c)_(oreline and	mula	/ acces	lent		
rres gned n ple			PART 2 OTHER SIGNIFICANT	CONDITIONS CON	NTRIBUTING TO DEA	TH BUT NOT REL	ATED TO THE TER	MINAL DISEASE OR COM	NDITION GIVEN IN P	ART 110
SOS Significant Significant Ther	2. 0	S S								
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low require of the dividence has been signed to the burdel-trousing permit. They not a Mental Havinger of the facility of the fa		CERTIFICATION	19a DATE OF OPERATION	196 CONDIT	ION FOR WHICH OP	ERATION WAS P	ERFORMED	200 AUTOPSY?	20b. IF YES, WERE	FINDINGS USED
REC n. nos b		H							IN CERTIFYING C	AUSES OF DEATH?
TAI The Cio	of S	2	210. ACCIDENT WAS UNDERLYING	21b. TIME OF	11.11.15.17	Tax was		YES NO	YES 🗌	NO 🗌
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FA CONTRACTOR	2 0		obove, (I) (www) (did) (did	not view the body o	iter deoth.		(my) (ama opinio	deoin occurred on the i	sore one nour one tr	am the couses stoted
OR bolk Che	# e		22b. SIGNATURE	Λ		DEGREE				. DATE SIGNED
			Willes	- Dene	- 2	WA.	ATTENDING PHYSICIAN	MEDICAL STA		1/22/00
PITAL by th BERAL Stote	Z -	1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e AD				100
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4100	-4	23a 1	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAA	AE OF CEMETERY	OR CREMATORY	23d. LOCATION	COUNTY	STATE
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12/			1				STAT	E OF MARYLAND			
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	4	9		RTHPLACE (STATE OR FOREIGN	76 CITIZEN O	WHAT COUNTRY?	1		BALTIMORE CITY OR COUN		
	eral 72 h	D /		Pa.	Y	ISA	WIDOWE	DI NEVER MARRIED DI	Manharma		145
	fun	0	10. C	TY OR TOWN OF DEATH				OR OTHER INSTITUTION	Montgome 120 USUAL OCCUPATION	125 KIND OF	BUSINESS OR
	s after the full within	871			(IF NOT IN SI	JCH FACILITY, GIVE STREET	ADDRESS)		(TYPE OF WORK FOR MOST OF WORKING	WEI INDUSTRY	ircle
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2	24 ho ed in be fil	E 7 5	13a	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	ROTHER INSTITUTIO NTY	I 36. CITY OR TOW	ADMISSION)	134. INSIDE CITY LIMITS?	13a. STREET ADDRESS		
2	within 24 l tely filled i should be	30		201	ntg.	Bethese		YES X NO	5615 Jordan	pd	
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ŏ	nd nd	the m		res, NO OR UNKNOWN) IF YES, GA	E WAR OR DATES)					Pitt Co	ourt
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5, 2		injury,		PART DOTHER SIGNIFICANT	CONDITIONS	PONTRIBUTING TOP	EATH BUT	MON RELATED TO THE TERM	INAL DISEASE OR CONDITIONS	SIVEN IN PART I (o	
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=	V: Th	8.2	Ĕ	11 26/ 90	Can	- c-c At	150	10	YES THE NOT INCER	TIFYING CAUSES O	NO [
T.	PHYSICIAN: The physician. This certificate haurial-transit perm Mental Hygiene	or Item 18	=	210. ACCIDENT WAS UNDERLYING T	7 21h TIME	OF INJURY	200	121c HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM I		
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0	enDI or atte DR: A se as the	.92		22a 1 certify that (I) (this hosp	ital) of ended t	he deceased from_	1195	1980		_ 1950_, H	hat (I) (we) last
	ATT Dital of US	n 21		sow the deceased alive or	1754	104	D1.0	nd that in (my) (our) opinion o	death occurred in the date and h	our and from the c	auses stated
	hospital or a DIRECTOR hed for use a Dept. of Hea	Iter		above, (I) (we) (did) (did no	and the bod	y after death.		DEGREE		22c DATE S	IGNED
			-2	Smith Y	SV.	- h	n	ATTENDING	MEDICAL STAFF		ala
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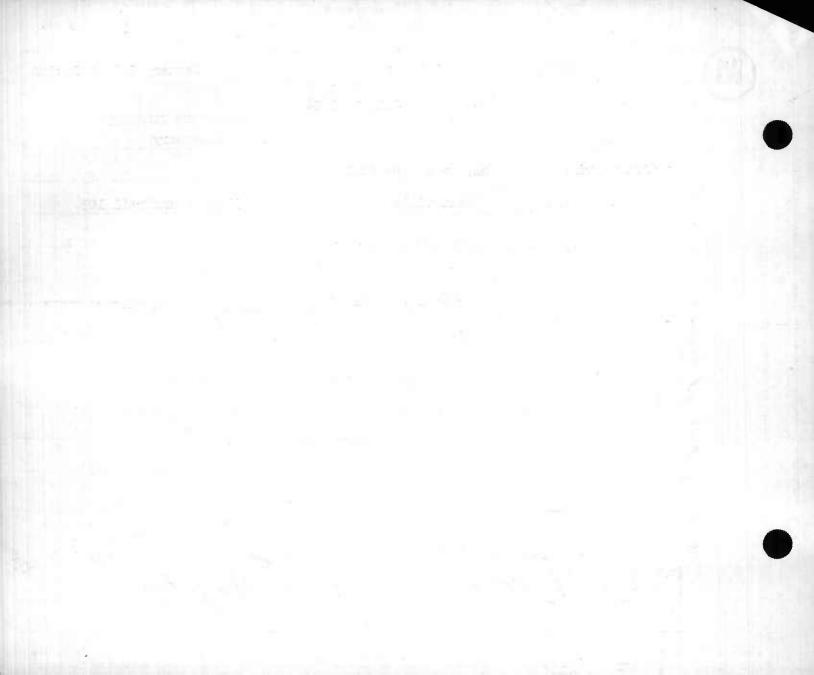
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/		3. SE	male	4. RACE white	MONTH	OF BIRTH DAY	YEAR 1 0 / 1	6. AGE (IN YE. LAST BIRTHD	MONTH		HOURS M	HRS. 2c. DATE PRONOUNCE DEAD	ED	1-14	AY YEAR	94:H208R
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MD. 2	A 3.		ATHER'S NAME		MIDDLE			AST		15. MOTHER	SMAIDEN	NAME MID	DIE		LAST	
	PAGES 1, 2, ORM PM 3, 1, AND 2 SI		MIL	TON	C.		PEPE	2		R	CUTH	Ĕ.		0 - 3	KNIGHT	
BALTIMORE,	FORM FORM FORM FORM FORM FORM	16a. \	WAS DECEASE	DEVER IN U.S	. ARMED FOR	CES?		IAL SECURIT		17. INFORMA			ADDRESS			
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	TO MEDICAL EXECUTE THE CASE A SHOULD TO FUNERAL DATER DEATH, BALTIMORE, MA		EXAMINER'S	NAME Ma	rgarita	A. I	Kore1	1, M.D	. 19		111 Pe	enn Stree	t			
00	APTE AFTE	23a B	URIAL, CREMA							ADDRESS R CREMATOR	y I2	3d. LOCATION				
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	L. Date Shenon,		· F. H. j. H. T.		
ALL XIII					



	1 -	FOR STATE REGISTRAR		DE	PARTMENT OF	F OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE (2) 0	5
)	1 DE	CEASED NAME OR PRINT	Norman Norman	MIDDLE		oldberg	2a. DATE OF DEATH M	1 20	80	7:57AM
	3 SE	MILLE	1 RACE	H ITE		OF BIRTH DAY YEAR 1 - 30 - 191 6	6 AGE (IN YEARS LAST BIRTHI	DAY) IF UN	DER 1 YEAR	IF UNDER 24 HRS HOURS MIN
175	C	RTHPLACE (STATE OR FORE DUNTRY)		OF WHAT COL	MARRIE WIDOW	D NEVER MARRIED	11011 09 011		DEATH	MD.
19 Steel		TY OR TOWN OF DEATH			VE STRHOSPI	cother institution tal	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V Retailer	WORKING LIFE) IN	DUSTRY	r Store
BS	M	HRYLAN DI	SHOME OR OTHER INSTITU TINCE GEO	113c CITY C	RTOWN	13d INSIDECITY LIMITS?	13e. STREET ADDRESS	LS PA	HEKI	WAY
64		THER'S NAME FIRST LOUIS	WIDDLE	Gol	.dberg	15. MOTHER'S MAIDEN N FIRST Esther	WIDDFE		nkno	
2		VAS DECEASED EVER IN ES, NO OR UNKNOWN) (U.S. ARMED FORCE IF YES, GIVE WAR OR DATE	5)	1-0112	17 INFORMANT Edward Goldk	erg; 13708 L		Rd.	
event, the		PART I. DEATH WAS	Enter only one couse S CAUSED BY: AMEDIATE CAUSE 10	CAZ		VIC SHO	cK			MATE INTERVAL ONSET AND DEATH HOURS
other traumatic		Conditions, if ony, very gove rise to immercouse (a), stating underlying couse	which diote	COR	NSEQUENCE OF	1 ARTICKY	DISEAS	SE	5	YEARS
injury, or	NO	PART 2. OTHER SIGNIF		S CONTRIBUTION		NOT RELATED TO THE TER	MINAL DISEASE OR CONDI		PART 10	01
2	CERTIFICATION	190 DATE OF OPERATION	ON 196 CC	N FOR	A-	N WAS PERFORMED	280. AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES [CAUSES	NGS USED S OF DEATH?
9		21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL)	JSE OF DEATH HOUR	A.M. MONT	DAY YEAR		RRED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 C	OR PART 2}	
f	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	/AT HOM	CE OF INJURY E, STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	C	YTNUC	STATE
21 is mo		22a. I certify that (I) (the saw the deceased above, (I) (we lead		120	10 80 0	nd that in (my) (our) apinion	o death accurred on the dat			that (I) (we) last couses stated
ANT: # Hen		226. SIGNATURE N	Sohn	luar	MI	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF		22c. DATE	SIGNED 20/80
MPORTAN		ALAN N		LMAN	1	19271 MO	NTGOMERY VI	LUGE	NE;	MD 20760
	23 a. 8	URIAL, CREMATION, RE PECIFY) Burial	1-21	-1980	Nat'l.	EMETERY OR CREMATORY Memorial Parl	k Falls Chu	ren, Fa	ijeva	x, va.
	0	INERAL DIRECTOR NAME NO Z ANS (T)		ville Pi		ville, Month	NE REC'R.) BY MICH FRANK!	CHECKING	SIGNA	The state of the s

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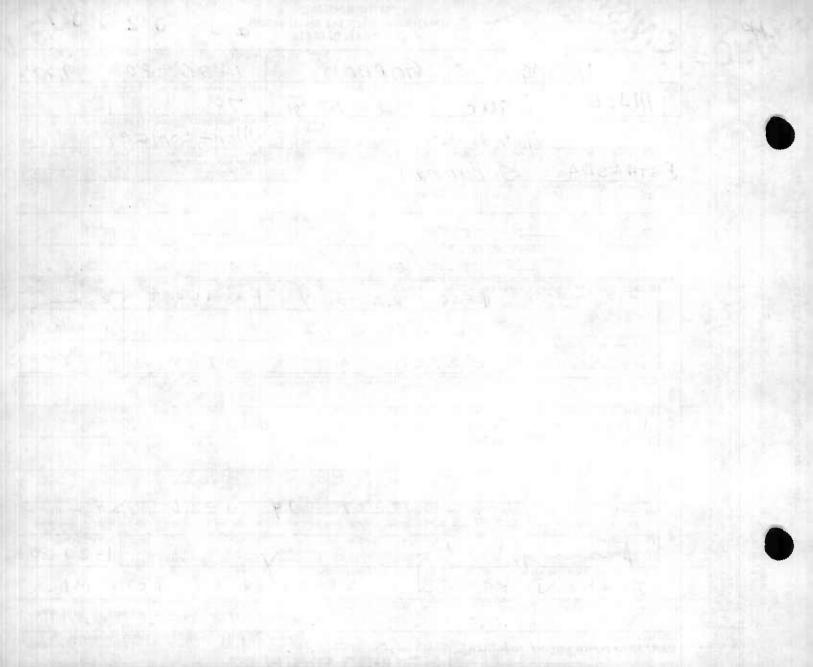
STATE OF MARYLAND

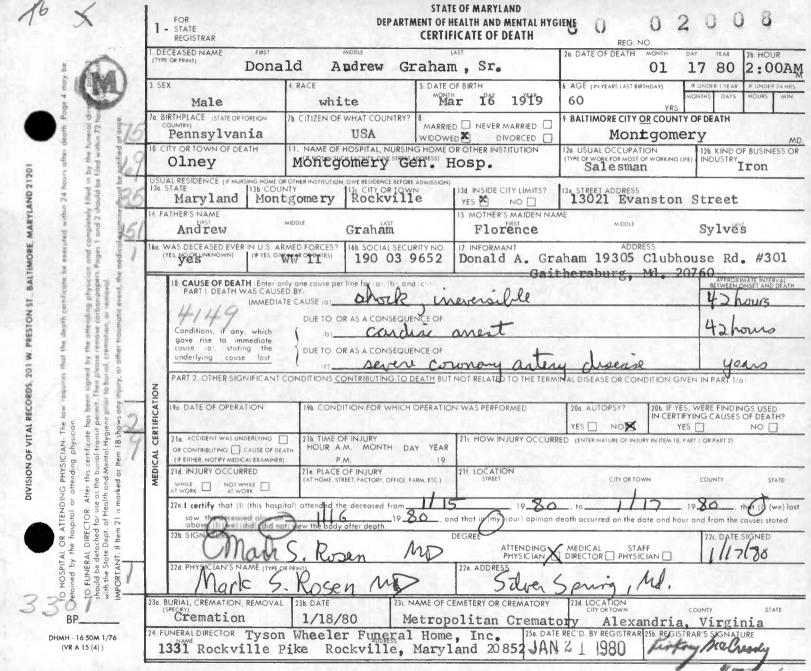
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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	240	1 DE	CEASED NAME FIRST		MIDDLE	0 1	AST		20. DATE OF DEATH		DAY YEAR	2b. HOUR
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yan ag	-144	3 SE		4 RACE		5 DATE C	F BIRTH		AGE (IN YEARS LAST		IF UNDER 1 YEA	
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2 41	E	USU,	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION UNITY TGOMERY	GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CITY	LIMITS?	13e STREET ADDRE	SS		
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Page 1	mitte		1 Co Co IMMEDI	ATE CAUSE (a)	CESP1	RA	TOR	У	1 / 1 00	0 10 0	<u> </u>	da
death carb on, a	trade		1771	DUE TO, O	PAS A CONSEQUE	ENCE OF	11 1	1			1	weel
the att	other		Canditians, if any, which gave rise to immediate	(b)				~			,	
that by the e ren	ā		cause (a), stating the underlying cause last	DUE TO, O	RAS A CONSEQUE	NCE OF	MATO	Six	TER	Min	11 3	Mean
uires ned pleas	ury,		PART 2 OTHER SIGNIFICANT									1/
v req	vi.	NO	TAKE 2 OTTER SIGNIFICAN	CONDINOIS	SINIKIBOTING TO	DEATH BOT	NOT KELATED TO	O THE TERMI	VAL DISEASE OR C	JADILION GI	VEN IN PART	1(0)
s bee	IR SW	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORA	MED	200 AUTOPSY?	20b. IF YE	ES, WERE FIND	INGS USED
	shows	TIFIC	1-14-80	IN	TESTIN	AL	OBSTRI	JETION	YES NOT		IFYING CAUSE	ES OF DEATH?
cian. ifica insit Hygi	m 18	CER	21a. ACCIDENT WAS UNDERLYING		FINJURY M. MONTH DA	VEAR.	21c HOW INJU	IRY OCCURRI	D (ENTER NATURE OF	NJURY IN ITEM 18.	PART I OR PART 2	
	r Item	CAL	OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	74.74111		19						
3 PHY ding ph er this c burial-	ope	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM FIC I	211 LOCATION		CITY OF	TOWN	COUNTY	STATE
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or a or a OR: Use a	si Li		220 certify that (I) (this has	pital) attended th		12 -	27	199	_, to 7	_ 6		., that (I) (we) lo
pital pital for (E	5	saw the deceased alive of abave, (I) (we) (did) (did)	nat) view the bady	ofter death			ur) opinian d	eath accurred an th	date and ha	ur and fram th	e causes stated
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OBP	_		BURIAL	JAN. 29	,1980 KI	NG DA	VID MEM.	GARDE1	V FALLS CI	IURCH, F	ALREAX	VIRGINI
DHMH-16 2		24 FU	ineral director NZANSKY-GOLDBE	יםר אבואחם	TAT. APPESSION	TS RO	CKVTT.T.E	MTD.	REC'D BY REGISTR	AR 25h. REGIS	TRAR'S SIGNA	ATURE Cresol
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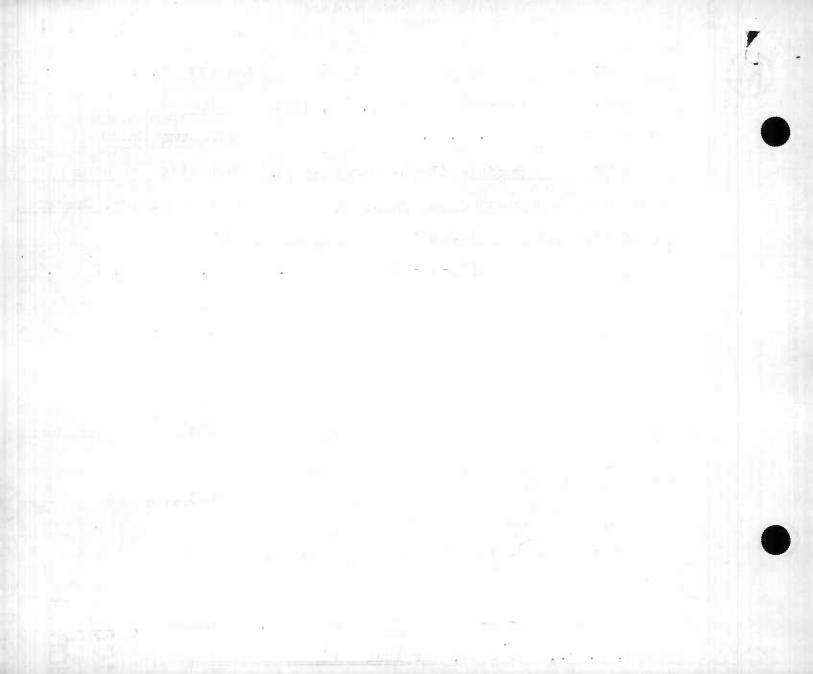


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(M)		CEASED NAME FIRST OR PRINT) 1656	MIDDLE	Gr	PONU	20 DATE OF DEATH MONTH	SAY OF AR 26 HOUR SD AA
ge 4 ma cctor, pa s after de	3 SE		4 RACE	5 DATE	DE BIRTH 1 TEAR	6 AGE IN YEARS LAST BRITHDAY	MONTHS DAYS HOURS MIN
leath. Page 172 hours	C	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT CO	UNTRY? 8 MARRIE WIDOW	D NEVER MARRIED	Montgomery	
by the fur ed within	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, IF NOT IN SUCH FACILITY, G Suburban	NURSING HOME		120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKIN Postal Transp	
AND 212 him 24 ho filled in ould be fill	130 S	aryland Me		NCE BEFORE ADMISSION OR TOWN hesda	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 7505 Democrac	
cuted with		Spencer	Gregor		15. MOTHER'S MAIDEN NA FIRST Winnie	AME	last Barry
TIMORE in the be exected and and control in the me.		No	GNE WAR OF DATES] 579-	14-5412	Mary E.C. GI	ADDRESS	SAA
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 DING PHYSICIAN: The law requires that the death certificate be executed within 24 hour strending physician. After this certificate has been signed by the attending physician and completely filled in by ss the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed tith and Mental Hygiene prior to burial, cremation, or removal. marked or Item 18 shows any injury, or other traumatic event, the medical examiner must	NO	Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost.	DUE TO, OR AS A CO	INSEQUENCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	APPROXIGATE INTERVAL RETWEEN ONSEL AND DEATH SUPPLY GIVEN IN PART 1101
VITAL RECONTINATION The law ciden. Indicate has bee mit permit. Thygene prioring the prioring the prioring and the statement of the prioring the pr	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	0	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS I THE RIFYINGLEAUSES OF DEATH YES NO
SION OF VITA ding physician ding physician er this certifica s burial-transit md Mental Hyg ked or Item 18	MEDICAL CE	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHEET, NOTHY MEDICAL EXAMS TO COURRED	F DEATH HOUR A.M. MON NER) P.M.		211 LOCATION	RRED (ENTER NATURE OF WHILE IN ITEM	
TEN or or o	W		aspital) attended the decease	d from	. 17	city or town	COUNTY STATE 19 , that (I) (wa) lost hour and from the causes stated
TO HOSPITAL OR AT retained by the hospital JO FUNERAL DIRECT should be detached for with the State Dept. of IMPORTANT: If Item 3		221 PHYSICIAN'S NAME (TY	he Thy	gerace	ATENDING HYSICIAN 120-ADDRESS 8600 01d Ge	MEDICAL STAFF DIRECTOR PHYSICIAN C	271. DATE SIGNED /-/5-80 Beth., Md.
10001	23a. E	STRIAL, CREMATION, REMOVES		23c NAME OF	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
DHMH-16 25M (VRA 15, 4) 1/79	24 FI	JNERAL DIRECTOR NAME Guire Funera	1/18/80 Service, 740	Crown Crown Ga. Ave	Hill Cem.	Indianapolis	Indiana

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	1.	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE O 2	0 3
	1. DE	CEASED NAME FIRST	WIDDIE	LAST	26 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
be be	(1177)	Doris	Sheldon	Grieb	January 25	1980 45°PM
e 4 may be trar, page 3 offer death	3. SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ye 4		Female	Caucasian	June 8. 1902	7.7 YRS	MONTHS DAYS HOURS MIN
Poor dire		IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	B BALTIMORE CITY OR COUNT	Y OF DEATH
death. Page uneral direc on 72 hours		WYork	U.S.A.	WIDOWED X DIVORCED	1 3 7 .	County MD
A		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	12s USUAL OCCUPATION	125 KIND OF BUILDINGS OF
201 by the filed v		ockville	25 Eton Over		Computer Open	ator, Gov't
21.	130 5	STATE 113h COUN	other institution give residence before TY 13c CITY OR TOVE TO CKV	N 134 INSIDE CITY LIMITS	13e STREET ADDRESS 25 Eton Over	look
RYLAN within 2 within 2 J shau		ATHER'S NAME	egomery Rocky	1.11e YES X NO		100K
			She1don		WIDDLE	All ^{tAST}
MORE, M. e executed n and comp Pages I an		WAS DECEASED EVER IN U.S. AR	WAR OR DATEST	JRITY NO. 17 INFORMANT	ADDRESS	
Time be be a signature of the bear of the		No	579-48	- Olla	nnah Holman, Sa	
N ST., BAL certificate ing physica rban paper ir remaval.	1	PART I. DEATH WAS CAUSE		late Breas	T Cancer	BETWEEN ONSET AND DEATH
ST Tr G G G G G G G G G G G G G G G G G G		1749 IMMEDIAT	E CAUSE (0)			months
PRESTON he death c he ottendir emove cart rmolian, or		Conditions, if any, which	DUE TO, OR AS A CONSEQU	ENCE OF		
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF		
that that d by d ease al, cre	F.	underlying couse lost.	(c)	ENCE OF		
se es	7	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION G	IVEN IN PART 1(0)
ORD: requirements	Ē	190 DATE OF OPERATION	IN COUNTY OF THE PARTY OF THE P	ODERATION WAS DERECONDED	00 41700510 100 1511	C WEST CHIS WISS
L REC	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICE	OPERATION WAS PERFORMED	IN CERT	IFYING CAUSES OF DEATH?
OF VITA Clan: The physicie ph	E E	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCC	CURRED (ENTER NATURE OF INJURY IN ITEM 18.	
ON OF 'YSICIA ITYSICIA DA ding ph ding ph burial-tr Mental Irr Item 1	14	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	TH HOUR A.M. MONTH D	AY TEAK		
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RECTOR: RECTOR: RECTOR: Ppt. of He em 21 is			t) view the body after death.		nian death accurred on the date and ha	
등 등 등 등 등	1	22b. SIGNATURES	No.m.	DEGREE ATTENDIN	G MEDICAL STAFF	226. DATE SIGNED
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TO HOSPITAL Cretained by the TO FUNERAL D should be detact with the Stote D MADORTANT: If			Newman, MD.	22. ADDRESS 5411 Ced	ar Lane #203	ethesda, Maryland
of of short	23a. E	BURIAL CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATO	RY 23d. LOCATION	
100 BP3	(Cremation		etropolitan Cr	CITY OR TOWN	dria. Va.
DHMH - 16 50M 1/76		UNERAL DIRECTOR ROB		EY FUNERAL 250.	DATE REC'D BY REGISTRAR 256 REGIS	TRAR'S SIGNATURE
(VR A 15 (4))	HO		ROCKVILLE, MA	RYLAND	DALI O DILAG	ofry Mc Credy

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	d at once	CI	DUNTRY PA JY OR TOWN OF DEATH	USA	MARRIE	DIVORCED DIVORCED DIVORCED	9. BALTIMORE CITY OR O	mery Co, MD.
aurs often	be notified w	USU	bethes da	OR OTHER INSTITUTION, GIVE RESI		HOSP.	TYPE OF WORK FOR MOST OF W	VORKING LIFE) INDUSTRY
YLAND 2 thin 24 h	25 should be	7	THER'S NAME	MORIEN BE	LIE VERNON	13d INSIDE CITY LIMITS? YES NO 1 15. MOTHER'S MAIDEN NA	13e. STREET ADDRESS HOLY FARMS	Belle VERNOW RD
RE, MAR	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		SNYDER -	RMED FORCES? 166 SC	LAST PAGUE CIAL SECURITY NO.	Emma 17 INFORMANT	ADDRESS	Diis
ATIMOI	the medi	()	ES, NO OR UNKNOWN) (IF YES, GI		01-8282	ROBERTA FREW	7748 RIVEROAL	E Rd. NEW CARROLHON
NI W. PRESTON ST., BAL that the death certificate by the ottending physici	please remove carban pagural, cremove carban pagural, cremation, ar remove caratter trammoric event. DICAL EXAMINITER TITLE A CIERRED		PART I. DEATH WAS CAUS	SED BY. ATE CAUSE (0)	Monar CONSEQUENCE OF Intline	y thromb	hosis	BETWEEN ONSET AND DEATH (?) Ling ,
.L RECORDS, 20	permit. Then pl	CERTIFICATION	PART 2. OTHER SIGNIFICANT			NOT RELATED TO THE TERM	20a AUTOPSY? 2	20b. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES \(\cap \)
DIVISION OF VITA NG PHYSICIAN: T offending physici filer this certificate	te burial-transition of Mental Hygin der them 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI OR EITHER NOTIFY MEDICAL EXAMINE 210. INJURY OCCURRED	21b. TIME OF INJUR HOUR A.M. MO P.M. 21e. PLACE OF INJU	Y ONTH DAY YEAR 19	211. LOCATION STREET	RED (ENTER NATURE OF IN)URY II	
PIVI R ATTENDING hospital ar off IRECTOR: After	for use as the of Health or 21 is morke	,	WHILE AT WORK NOT WHILE AT WORK 22a.1 certify that (1) (this has sow the deceased alive a obaye, (1) (we) (did) (did, a	1-12	19 80 0	9 19 80 nd that in (my) (our) opinion	deoth occurred on the date	ond hour and from the couses stated
ITAL OR by the ho RAL DIRE	State Dept.		22b. SIGNATURE 22d. PHYSICIAN'S NAME JUPE	Harcali		DEGREE NO COULE/ ATTENDING PHYSICIAN [1226 ADDRESS	MEDICAL STAFF	NO 1-12-80
TO HOS retained	with the Stat		LORENZOMA.	RCOUNHO.	CHERMAN	Mn 19231 N		E AVE, GAITHERS-
BP		B	URIAL, CREMATION, REMOVA PECIFY) URIAL	15 JAN 198	o mr.mi	EMETERY OR CREMATORY	SMITH FIELD	COUNTY PA.
DHMH - 16 50 (VR A 15			NERT & BEALL 90	13 ANNAPOLIS	ADDRESS		TERECO BY REGISTRAR 251	b. REGISTRAR'S SIGNATURE

marked or Hem 18 shaws any injury, ar ather traumatic event, the

IMPORTANT: If Item 21 is

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

20

		REGISTRAR		CEKITI	ICAIE OF DEATH	REG. NO.		
		CEASED NAME FIRST	WIDDLE	l l	AST	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
П		MARGARET	C	HALDE	MAN	01- (06 80	11:30P M
	3 SE	X	4 RACE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
		Female	White	12-	27-02 YEAR	77 YR	MONTHS DAYS	HOURS MIN
	7a B1	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTE	RY? 8	D , NEVER MARRIED	9 BALTIMORE CITY OR COU		
5		PENNSYLVANIA	u.s.A.	WIDOWE	DIVORCED	MONTGOMERY	COUNTY	MD.
9		ITY OR TOWN OF DEATH LNEY	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR MONTGOMERY GENT	REET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN INSPECTOR	G LIFE) INDUSTRY	NGHOUSE
	USU	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION				
5	MA		GOMERY SILVER	SPRING	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 15301 PINE OR	CHARD DR	IVE
1	14 FA	ATHER'S NAME FIRST CHARLES	J. RIEG	FR	LOUISE	MARY MIDDLE	HASLAGE	ST
1	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE				517 EDEN	
	Ñ	YES, NO OR UNKNOWN) (IF YES, GIVI	188-18	-4556	MARGARET A		ULTON, MD	
		18 CAUSE OF DEATH Enter or	nly one couse per line for (a), (b),	and (c)			APPRO) BETWEEN	XIMATE INTERVAL
		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (O) COYCING	uma	of colon	with		lears Zme
		1539	DUE TO, OR AS A CONSEC	DUENCE OF	metast.	2926		
		Conditions, if any, which	(b)					
		gove rise to immediate couse 101, stating the underlying couse last	DUE TO, OR AS A CONSEC	DUENCE OF	Represed A	bdominal 36	cc22-7	
			((c)	ue to	ruptured	colon diverti	100120	
	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART 1	2nd
\dashv	ATIC	190 DATE OF OPERATION	196 CONDITION FOR WHI	25 FO 6	2010 mes 5 C5		YES, WERE FIND	INGS LISED
2	CERTIFICATION				T WO TEN ONNED		RTIFYING CAUSES	
7		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)	
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19				
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	CE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	10				10.	7C (T1-	5.6	
			tol) ottended the deceased from	400 40		76, to 6 J40 death occurred on the date and l		that (I) (III) last
		obove, (I) (we) (did) (did no 22b. SIGNATURE	t) view the body after death.		DEGREE	deom occurred on the dore ond		SIGNED
		Gustav	· A Belao		MO ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN		Jan 8 6
		22d. PHYSICIAN'S NAME (TYPE O		,	220 ADDRESS Leis		edical	Center
		Gustavo	S. BelAV	A/	Silve	er spring , 1	70 2	20906
	23a. B	BURIAL, CREMATION, REMOVAL	23b. DATE 23	R. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
		CREMATION	1/8/80 M	ETROPOL	ITAN CREMATO		O VIRG	TNIA
		INERAL DIRECTOR FRANC				TE REC'D. BY REGISTRAR 256. R	March 1 16	enessy
	50	O UNIV. BLVD., W	., SILVER SPRING	6, MD. 21	0901	AN 9 1980	1.	1

DHMH - 16 50M 1/76 (VR A 15 (4))

MUNICIPAL MONTONERS STREET NO THEORY STREET, N. MANAGEMENT WASHING

PITOTE LOUISE MAIN SELT HOMOGRAP SELT HOMOGR

t	1.	FOR - STATE REGISTRAR		DEPARTA	AENT OF H	EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 O O O	2016
e e e e e e e e e e e e e e e e e e e		CEASED NAME FIRST OR PRINT!	RANK	W. H	ALL	AST		980 ZEAR ZE HOUR
Page 4 may be director, page 3 hours offer death	3 SE	Male	4 RACE Bla	ck	5 DATE C	. 3, DA 1939 YEAR		IF UNDER 1 YEAR IF UNDER 24 HRS AONTHS DAYS HOURS MIN
he funeral dir within 72 hou	C	RTHPLACE (STATE OR FOREIGN OUNTRY) Md.	U.S.		WIDOWE		LACUTOGUEDY	OF DEATH MD.
by the fulled with	Ta	akoma Park	Wa:	shington	Adven	tist Hospita	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Truck Driver	176 KIND OF BUSINESS OR INDUSTRY
within 24 hours after lefely filled in by the d 2 should be filled wi			or other institution unity ntg.	Takoma	ank ark	136 INSIDE CITY LIMITS?	13. 103 Sheridan A	ve.
ompletely ompletely I and 2 s			s N. Hal				argie V. Hammond	LAST
be executed wo)6a \	VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES, O	ARMED FORCES? GIVE WAR OR DATES!	217-32-2		Margie Hall	10707 Sha (Mother) Kensing to	ftsbury St n, Md. 20795
ATTENDING PHYSICIAN: The low requires that the death certificate bispital or attending physician. CLOR. After this certificate has been signed by the attending physicial floruse as the burial-transit permit. Then please remove carbonopapers. of Health and Mental Hygiene prior to burial, cremation, or removal. in 21 is marked or item 18 shows any injury, or other traumatic event, the	NOI	Conditions, if ony, which gove rise to immediate couse Ial, stating the underlying couse last	DUE TO, CO	OR AS A CONSEQUE	NCE OF	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVE	EN IN PART Tro
N: The low re ystrion. cote hos been onsit permit. I Hygiene prior 8 shows ony ii.	CERTIFICATION	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	216. TIME C	OF INJURY		21c HOW INJURY OCCU	200 AUTOPSY? 200. IF YES IN CERTIFY YES NO YES YES	
TO HOSPITAL CANATTENDING PHYSICIAN: The retained by the hospital or otherding physicion TO FUNERAL DIRECTOR. After this certificate habould be detached for use as the burial-transit with the State Dept. of Health and Mental Hygier WHOMERANT: If them 21 is marked or tem 18 shapes	MEDICAL	OR CONTRIBUTING CAUSE OF (IF EITHER, NOTHY MEDICAL EXAMIN 21d. INJURY OCCURRED, WHILE AT WORL	21e PLACE (AT HOME, ST Lipital) automobil the on- moti view the body	M. OF INJURY REET, FACTORY, OFFICE, F. decaysed from 19 y officer depth.	19 ARM, ETC.)	ATTENDING PHYSICIAN 220 ADDRESS 831 Univers	n deoth occurred on the date and hour STAFF DIRECTOR PHYSICIAN ity Blvd. East, Si	The charge seal
8 BP	(Burial, Cremation, Remov Burial	2-1-	80 E	benez	er Cemetery	Centerville,	
DHMH-16 20M (VRA 15, 4) 7/78		uneral director George R. Snow	246 N den Rock	. Washing ville, Md	ton S . 208		JAN 3 1 198)	AR'S SIGNATURE Cready

AN ALTONOMY SHEET The section of the se portract of the second sections Partial Particular of the few trees the control of production of the state of the

DIVISION OF VITAL RECORDS,

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) Modes 6 AGE (IN YEARS LAST BIRTHDAY) MONTH HOURS Female Negro Sept. To. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Marvland Montgomery ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR INDUSTRY Takoma Park Washington Adventist Hospital House-wife BALTIMORE, MARYLAND 2120 13e STREET ADDRESS 113d INSIDE CITY LIMITS? Maryland Brandywine Geo. Rt. 1-Box 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST WIDDLE LAST Ernest Henderson Clark 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 219-12-2571 Connie M. Dawson SAA 18 CAUSE OF DEATH (Enter only one cause pex line for (a), (b), and PART I. DEATH WAS CAUSED BY APCINOMA OF W. PRESTON ST., DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION а 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? ene pr IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [Mental Hygi 71n ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED CENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 9 21e PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE morked NOT WHILE AT WORK I certify that (I) (the hospital) attended the deceased from sow the deceased alive of AUUR 120 198 above of (we) (did not) view the bady after death 22a.1 certify that (I) (the 1980 and that in the course stated on the date and hour and from the couses stated DEGREE 22c. DATE SIGNED should be detail DIRECTOR | PHYSICIAN 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Burial Clinton P.G. 1/24/80 Resurrection Cem. Maryland 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY DHMH - 16 50M 1/76 Martell Adams Aquasco, Maryland (VR A 15 (4))

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

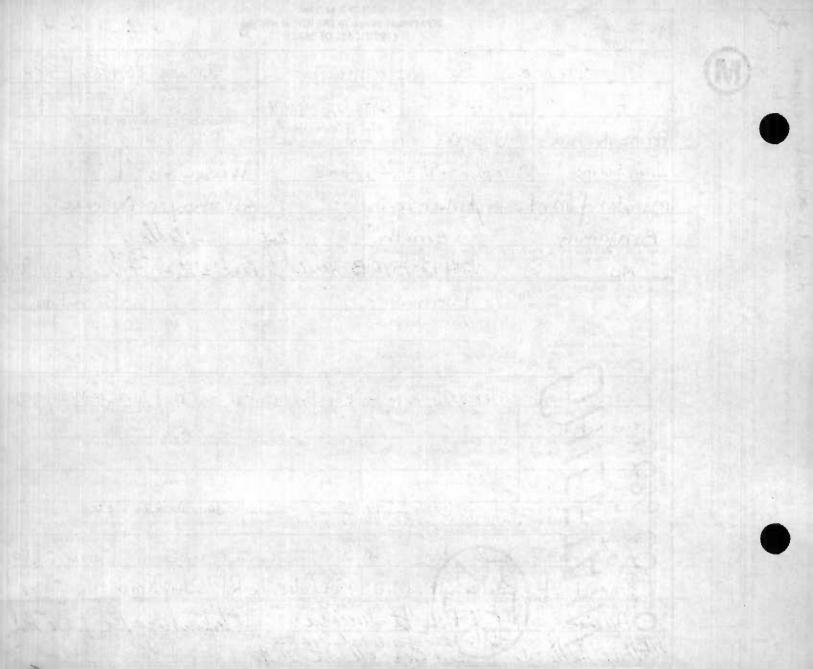
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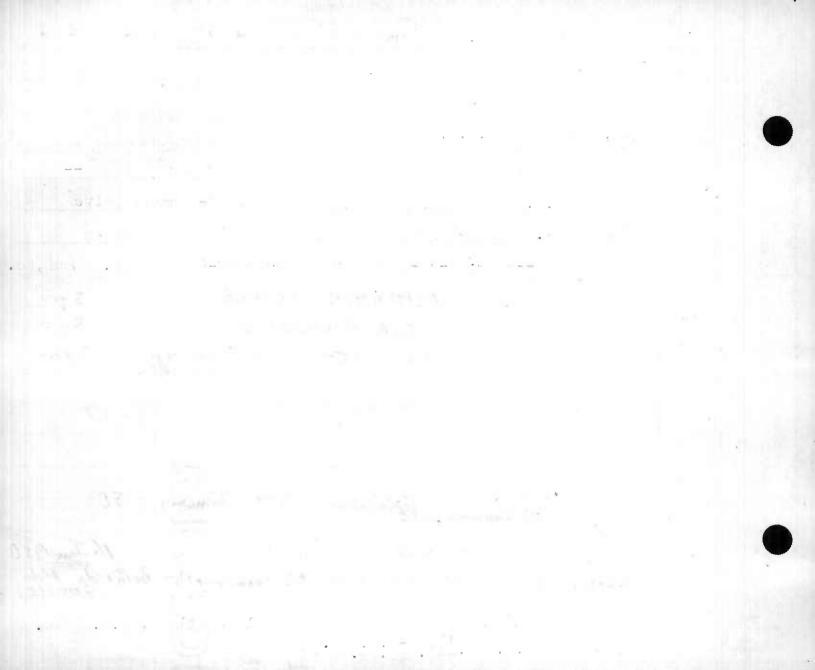
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Mills of the carons

	1	1		STATE OF MARYLAND	
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1 3	0		1 05	REG. NO.	DAY WELL TO HELD
ne	3/84			ORPRINT)	DAY YEAR 26. HOUR
2 1	-ZIAI)			Grace S. Hannauer January 2:	5,1480 5 PM
2			3 SE	4 RACE S. DATE OF BIRTH DAY YEAR (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
ex m	age 1			Sept. 12 894 83 yrs.	
2	h. Po	e Je		RTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 7 BALTIMORE CITY OR COUNT	
Sa .	deot	0 10		nnsylvania U.S.A. WIDOWED DI VIONIGOME	
ed		G.	10 CI	TY OR TO WN OF DEATH VAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY/GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	12b. KIND OF BUSINESS OR
LARE	by Filed	10	3;	Iverspring Carriage Hill Nursingtome Housewife	
12 E	4 95	st pe	USU/ 130 S	NL RESIDENCE (IF MURSING NO. OIL OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TATE 130. STREET ADDRESS 130. STREET ADDRESS	
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SC	Pog	шеф	(NO 214-12-7580-B Hazel A rectard lester M	+. Porderedalo May
ALT C	sicro pers. of.	t e		18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	APP OXIMATE INTERVAL BETWEEN ONSET AND DEATH
. 80	phy npa	vent,		PART I. DEATH WAS CAUSE (B) PREUMONIA	Several days
SN	ding	tic e		486 - DUE TO, OR AS A CONSEQUENCE OF	7
STO	tten tten ve co	E C		Conditions, if ony, which	
PRE	he o emo	er fro		gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF	
3	hot the by the by the cree is cree in the	othe		underlying cause last.	N. Charles and the contract of
. 20	00 -	y, or		PART 2_OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GI	IVEN IN PART ((a)
RDS	equir n sign Then r to b	injury,	NO.	Generalized arteriosclerosis - cereprovascular accident w	7th R nemiparesis
0	beer mit.	ony	CERTIFICATION	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YE	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
1 8	an. has	5002	TE	- and	YES NO
- I		8 6	CER	218. ACCIDENT WAS UNDERLYING	, PART I OR PART 2)
Ö	SICIA ng ph certifi rriol-tr	ltem /	AL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAK (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19	
DIVISION	A Business	ŏ	EDICAL	21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l. LOCATION STREET CITY OR TOWN	COUNTY STATE
IVIS	IG Photoria	morked	Σ	WHILE NOT WHILE AT WORK	ainit.
0				220.1 certify that (1) (this hospital) attended the deceased from 975 19, to January 25	19.20 , that (1) (we) last
	- D - I	21 is		sow the deceased alive an January 25 19,80 and that in (my) (our) opinion death accurred on the date and ha above, (1) (we) (did) (did not) view the body after death.	our and from the causes stated
	OR A le hos DIREC Dept.	Hem		226 SIGNATURE DEGREE	224. DATE SIGNED
	the Dall Deferon	#	- 2	Kenner a Voses L. D. ATTENDING MEDICAL STAFF PHYSICIAN PHYSICIAN DIRECTOR PHYSICIAN	January 25,80
	SPIT.	Z	13	224 PHYSICIAN'S NAME (TYPE ORPRINT) 22e. ADDRESS	11 -1
	TO HOSPITAL TO FUNERAL Should be deto with the Store	MPORTANT		Bennet A. Korler Jr. M.D. 19301 Colecrille Kd. Silver So.	ring 1/18, 20901
6	Short Short	₹-	2/fa 8	URIAL GREMATION, REMOVAL 120 DATE 1234 MAME OF GEMETERY OF CREMATORY 1234 LOGATION	11 111
	BP		Y	Section 18-1980 It Lucate Bladershire	COUNTY & GENERAL
	DHMH-16 50M 7/7	7	24.	PIERA DIRECTOR JULIAN DATE REC'D. BY REGISTRAR 25% REGIST	TRAR'S SIGNATURE
	(VR A 15 (4))		XI	The lattery 25 H Grekell St. W. Work 3 () 1020 the	intry Mc Cred "
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	1,	STATE OF MARYLAND 1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE 0 2 0 2 1										
		REGISTRAR				CERTIF	ICATE OF	DEATH	REG. N	0.	0 4	
. 6.4		CEASED NAME	FIRST		MIDDLE		AST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
moy be poge 3 er deoth			Edwa	rd	J.	1AH	MON,	Jr.	January 2		1980	8:49P M
	3. SE			4 RACE		5. DATE C		VEAD	6 AGE IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
urs af		Male		Caucas	ian	Sep	11	1920	59	YRS.	MONTHS	NOURS MIN
2 hou	7a. 8	IRTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY	Y? 8.	D NEVER	MARRIED [9 BALTIMORE CITY	R COUNT	Y OF DEATH	
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Fied	10 €	ITY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NURS	ING HOME	OR OTHER IN	STITUTION	120 USUAL OCCUPAT	ION		F BUSINESS OR
tod/		ethesda		Nation	al Naval	Medic	al Cer	nter	U. S. Nav		PE) TINDUSTRI	
t pe	USU 130	AL RESIDENCE (IF NUR	INH COM	ROTHER INSTITUTION	GIVE RESIDENCE BEF	ORE ADMISSION)		CITY LIMITS?	13e STREET ADDRESS			
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niner		ATHER'S NAME		MIDDLE	LAST		15 MOTHER	R'S MAIDEN NA		.,		
728		Edward		J.	Hannon	Sr.	1	Marie	Kath	nerine	McK	enna
	16a \	VAS DECEASED EVER			166 SOCIAL SEC		17 INFORM				olk, Va	
medico 3	,	Yes	194	7E WAR OR DATES)	224 52	1300	Mrs.	Terry (Carlisle 382			
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	E.	DATE OF OFTER		170 COIND	INDIVIOR WITE	.II OI EKAIIO	IN WAS FERI	OKMED		IN CERTI	FYING CAUSES	OF DEATH?
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E 9		OR CONTRIBUTING	CAUSE OF DE	HOUR A.	M. MONTH	DAY YEAR		OCCOR	Trities aviore or 1410		ONLI DA PART 2)	
or Item	MEDICAL	(IF EITHER, NOTIFY MEDIC		21e. PLACE		19	21f LOCAT	ION				
morkedo	WE		HILE [(AT HOME, STE	REET, FACTORY, OFFIC	E, FARM, ETC.)	STREET	T	CITY OR TO	NN _	COUNTY	STATE
	1	22a.1 certify-that ()			e deceased from	0.0		2, 19 19	January		1980	that (1) (we) last
216		sow the deceos obove, (1) (we) (ed olive or did) (did n	n Janua ot) view the body		<u>80</u> , or	nd that in (my	y) (our) opinion	deoth occurred on the d	ote and hou	or and from the	couses stated
herr Herr	199	27E SIGNATURE	30	12 05		· .	DEGREE				22c. DATE	SIGNED
ote L		/ B	NES	K. Ou	Bernd	2 1	MD	PHYSICIAN [MEDICAL STA	IAN 🔀	Jan.3	3 1980
with the Stote Dept. o		224 PHYSICIANS	AME ITHE	DEPENT)		6.5	22e ADDRE	SS	N. T. L. TOTAL			THE DIE
MPORTANT: If Item				O'Donne	11, M.D.		Natio	onal Na	val Medical	Cente	er, Beth	nesda, Md,
≥	23a. l	BURIAL, CREMATION,		23b. DATE	230	. NAME OF C	EMETERY OR	CREMATORY	1224 LOCATION			
		Burial		Jan. 4	,1980	Arling	ton Na	tional	Arlingto	n Arl	ington	Va.
1/76	24. F	JNERAL DIRECTOR	291		ADDRESS			25a. OA	FREC B BY BESTRAR	25h; REGIS	TRAR'S SIGNAT	URE
(4))		Money &	King	Funeral	Home V	ienna,	Va.	0131				



15	1-	FOR STATE		DEPARTM	ENT OF H	EALTH AND MENTAL HY	GIENE 8	0 2 0 2 3
	1. DE	REGISTRAR CEASED NAME PRINT	ĵ	NIGOLE	Hai	NKINS	REG. NO.	13 80 9'05 Am
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Truncaid di	C	RTHPLACE (STATE OR FOREIGN DUNTRY) MARYLAND TY OR TOWN OF DEATH	U.S.A.		WIDOWE	NEVER MARRIED DIVORCED AD	12e USUAL OCCUPATION	Y CO. MD.
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rimore, MAF e be executed an and comple Pages 1 and 2 r, the mentical		CLINTON VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) I IF YES, GR	RMED FORCES?	HAWKINS SOCIAL SECU 574013	RITY NO.	GERTRUDE 17 INFORMANT ERNESTINE V	ADDRESS	LARMON ICE RD., ROCKVILLE, MD
DS, 201 W. PRESTON ST., BALTI requires that the death certificate n signed by the attending physician nen please remove carbon papers. to burial, cremation, or removal. y rigury, or other traumatic event.	NO	PART 2 OTHER SIGNIFICANT	DUE TO, OI	Respirations Aconseque	NCE OF	Grnest NOT RELATED TO THE TER	MINAL DISEASE OR CONDITH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH M/9 4/ 2 S KON GIVEN IN PART 1101
DF VITAL RECOR	CERTIFICATION	190 DATE OF OPERATION OF A P 210. ACCIDENT WAS UNDERLYING	21b. TIME O			21c. HOW INJURY OCCU		Db. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO
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hospital or a hospital or a DIRECTOR hed for use a Dept. of Hea		220 I certify that (I) (this hasp saw the deceased alive of above. (I) (we) (did (did in 22b. SIGNATURE	///	7			, 10 , 10 , 10 , 10 , 10 , 10 , 10 , 10	and hour and from the causes stated 22c. DATE SIGNED
TO HOSPITAL To HOSPITAL To FUNERAL Should be detac with the State IMPORTANT:	230	224 BHYSICIAN'S NAME ITYPE	chulma		NAME OF C	220 ADDRESS 9410 01 EMETERY OR CREMATORY	1d Georgetogn	RA Botherda
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A.B.D | CLAIMEN

			FOR			DEPARTA		E OF MARYLAND EALTH AND MENTAL HYG	IENE 🗥	2 2 11	2 4	
		1-	STATE REGISTRAR					ICATE OF DEATH	REG. NO		4	
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eolth	тогкед		220.1 certify that (1)		ol) ottended th	e deceased from_	Jan.	8 19.80		10 19_8	10, that (1/(we) last
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Dept.	#e #		226 SIGNATURE		0.	~~		DEGREE ATTENDING	MEDICAL STA		C. DATE SIGNED	1055
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with the State L	MPC	22 0			1	11112	NAME OF C	National Nav	23d LOCATION	center,	be mes da	J, Ma
		23a. B	SURIAL, CREMATION, SPECIFY) Crematio		236. DATE 1-12-			olitan Crem	CITY OR TOWN	county	rginia	ATE
A 1/7			JNERAL DIRECTOR					25a. DAT	E REC'D. BY REGISTRAR		SIGNATURE	
-	9		Robt. A. F	umphr	ey Fune	eral Home	, Betl	hesda, Md. JAI	V1 6 1980	fratay!	McGreedy	
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	1		No.			STAT	E OF MARYLAND			- 4	-
	1 -	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HY	GIENE ()	0 2	0 2	2
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	3. SE)	(4	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
Page 4 m director, mouss affer		Male	118	Blac	k	Ja	n. 6 ^{DAY} 1980 ^{AR}		YRS	10 DAYS	MIN MIN
ter death Page he funeral direct within 72 hours. fied at once.	CC	RTHPLACE (STATE OR FO		USA	WHAT COUNTRY?	WIDOWE		Montgomer	-Y	F DEATH	MD.
offer the f d wiffied	E	ty or town of DEA Bethesda		Nationa Nationa	H FACILITY, GIVE STREET	Medic	al Center	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST) N/A	ION	126 KIND C INDUSTRY	OF BUSINESS OR
LAND 2120 nin 24 hours ly filled in by should be fille	Ma	aryland		other institution, TY George	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Lanham	ADMISSION)	136 INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 5634 Whi	tfield	Chape	I Road
MARY maked with		THER'S NAME FIRST Eugene	^	. Hay	'S IV		15. MOTHER'S MAIDEN N. FIRST Frances	AME MIDDLE	Mic	ddleto	51
TIMORE, be executed on and ccis. Pages 1		VAS DECEASED EVER (ES, NO OR UNKNOWN) N/A	IN U.S. ARA	WAR OR DATES)	16b SOCIAL SECU	RITY NO.	Eugene P. Ha	ays IV See	e item	13	
1 W. PRESTON ST., hot the death certific by the ottending ph ase remove corbon poll, cremotion, or remorative or other troumotic ever		Conditions, if ony, gove rise to imm cause (a), stating underlying cause	AS CAUSED IMMEDIATE which nediote g the lost	DUE TO, OI DUE TO, OI DUE TO, OI (b) DUE TO, OI	Congon i † r as a conseque r as a conseque	A I ho	Dart malformo Trisomy 18				IMATÉ INTÉRVAL ONSET AND DÉATH
ECORDS, been sign mil. Then pring to be ony injury	CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH		N WAS PERFORMED	20a AUTOPSY? YES ☑ NO□	20b. IF YES, IN CERTIFYI YES)	WERE FINDI	
VISION OF VITAL RI 3 PHYSICIAN: The la intending physicion. Fr this certificate hos the burial-tronsit per and Mental Hygiene ked or item 18 shows	MEDICAL CEI	21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTIONS CONTRIB	AUSE OF DEAT	P.,	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF IN)	JRY IN ITEM 18, PAR	T I OR PART 2)	
DIVISION ENDING PHY tol or after this or use as the bu Health and M	WED	21d INJURY OCCURR WHILE NOT WHAT WORK AT WO	ILE 🗆	21e. PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
TTENDI oitol or TOR: A for use of Heol		22a.1 certify that (1)/ sow the decease above, (1) (we) (d	(this hospited olive on lid) (did you	ol) oftended the Jan. 16 view the body	e deceosed from	80, 01	od that in (my) (our) apinion	, 10	dote and hour d		
ITAL OR A' by the hosp ERAL DIREC a detoched State Dept. A'IT if them		226. SIGNATURE 226. PHYSICIAN'S NA	AAE STORE OF	1.6Se)	MK	DEGREE ATTENDING PHYSICIAN 224 ADDRESS	MEDICAL STA		Jan.	17,1980
TO HOSPITAL (cretained by the TO FUNERAL Babould be detonwith the State Elimportant: If	W	Iliam A.	Brown,				National Na	aval Medical	Cente	r, Bet	hesda,Md
3608 BP	(:	Burial CREMATION, Buria		23b. DATE 1/24/			emetery or crematory ces Nationa	Pensa	cola.	OUNTY Flor	state dia
DHMH - 16 50M 1/76 (VR A 15 (4))	24. FU	HOMES,		RT A. BETHES	PUMBHRE	FUI	VERAL 250.PA	W. 2 4 1980 RAI	25h REGUSTA	ABS/SICOL	Tres-de

		STATE OF MARYLAND
10		1- STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE
	1	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH)
	(, ,	T. DECEASED NAME FIRST DAVID MIDDLE RET LASTHELLEKJAER 20. DATE KNOWN MONTH DAY YEAR 25 HOUR
	. [Pett.]	
	SEE SEE	2000.0
	걸었다토니	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED
	DOUR 72 H	Male Caucasian 6 2 58 21 yrs. DEAD 128 1980 238M
	FUNERAL DIRECTOR S FOR YOUR S FOR YOUR W. PRESTON S	76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH
	김 분 오 등 문 스/기	
	ZEN 3	D.C. II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY OR INDUSTRY
	A SE LE SOLO	7
	TO THE FUNCTION TH	Bethesda Suburban Hospital Student Education USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
-	IF ANY DEL. 2, AND 3 TO 3. RETAIN P SHOULD BE I RECORDS,	136 STATE 137 COUNTY 137 CITY OR TOWN 134 INSIDE (137 LIMITS) 138 STREET ADDRESS
21201	AN POPUL	D.C. Washington YES NO 5916 Searl Terrace
2.2	FTER DEATH IF A	14. FATHER'S NAME
MD.	SA SENT	Per Hellekjaer Mary Jane Selleck
) RE	FTER DE FORM FORM ON OF	WAS DECEASED EVER IN U.S. ARVER FORCESS. AV. COCKIN SECURITY NO. 12 INFORMANT. ADDRESS.
W	S S S S	(YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)
BALTIMORE,	B. GIVE PAGES WITH FORM T. PAGES 1 AN DIVISION OF	No 212-68-5179 Mary Jane Hellekjaer, Mother. Same as ite
	W. T. W.	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I DEATH WAS CAUSED BY:
W. PRESTON ST.,	V 24 HO I ITEM I ALONG PERMI IGENE,	PARTIDEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple Injuries Severe.
ō	AIN 24 IN ITE IN ITE HAYGIE HAYGIE	
SES.	ENCIL IN AMINER A TRANSIT ENTAL HY REMOVAL	7 8/30 Conditions, if any, which gave rise to immediate (b) Trauma from Auto Accident
4	PENCIL AMINER I-TRANS	gave rise to immediate (b)
<u> </u>	UTED WITH IN PENCIL EXAMINER STAL-TRANS MENTAL OR REMOV	lying couse lost.
301	G" IN PEN CAL EXAM BURIAL-TE AND MEN	((c)
DIVISION OF VITAL RECORDS,	"PENDING" IN "PENDING" IN IEF MEDICAL I SED AS A BUR HEALTH AND CREMATION, (PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).
8	HOULD BE EX TO "PENDING CHIEF MEDIC. USED AS A I OF HEALTH A	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO X 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 4 2M. 12-28 1975 CONTRIBUTING CAUSE OF DEATH 216. PLACE OF INJURY (AT HOME, STREET, JACTORY, FARM, ETC.) STREET, JACTORY, FARM, ETC.) STREET CITYOR TOWN COUNTY STREET CITYOR TOWN COUNTY STREET
OC.	HIEF / USED USED OF HE/CRE	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY?
IA	SHO CHIE CHIE IAL, OF	YES NO M
> 14.	THE CHI THE CHI ILD BE US WENT OF BURIAL,	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
0	THE STATE	UNDERLYING DOR HOUR AM. MONTH DAY YEAR CONTRIBUTING COURT PLAT 2016 Pole
SIO	SHOULD SHOULD BRITCH	CONTRIBUTING CAUSE OF DEATH 4 2M. 12-28 1979 Sost control of Could flat Zelichy 12/9 PLACE OF INJURY (ATHOME, 1211. LOCATION
2	S S S S S S S S S S S S S S S S S S S	WHILE NOT WHILE O STREET, FACTORY, FARM, ETC.)
0	E. THIS CERTIFICATE SHO FE, WRITING THE WORD RWARDED TO THE CHI STATE DEPARTMENT OF STATE DEPARTMENT OF 21201 PRIOR TO BURIAL,	WHILE AT WORK AT WORK & STREET, FACTORY, FARM, ETC.) 8700 Black Mc Arthor Brud Cobin John Month Ma
	FORM P.	220. I certify that I took charge of the remains described above, held an Autapsy . Inspection . Inquiry . Inquiry . ond in my apinion
	A SHOL	
	A HE BE	
	AR VERNING	ACTUAL A P P P P P P P P P P P P P P P P P P
	AH PH H	SIGNATURE M.D. DEPOTY MEDICAL EXAMINER SIGNED AND 1980
	ORI ORI	EXAMINER'S NAME TO BE A BOOK OF A COLOR
	M I M I M I	(TYPE OR PRINT) John G. Ball, M.D. ADDRESS 7936 Old Georgetown Rd., Beth. Md.
	TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: P TO FUNERAL DIRECTOR:	230. BURIAL, CREMATION, REMOVAL 236. DATE 231. NAME OF CEMETERY OR CREMATORY 236. LOCATION COUNTY STATE
	BP	(SPECIFY) Burial 2/1/1980 Parklawn Memorial Park Rockville, Md.
		24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 A) GISTRAR'S SIGNATURE
	DHMH - 17 (VR A15 ME (5))	24 FUNERAL DIRECTOR SONS INCORESS D.C. 250 DATE REC'D. BY REGISTRAR 250 A GISTRAR'S SIGNATURE FEB 0 4 1980 Listry Kalendy
	15M 7/77	Day made most firm made made

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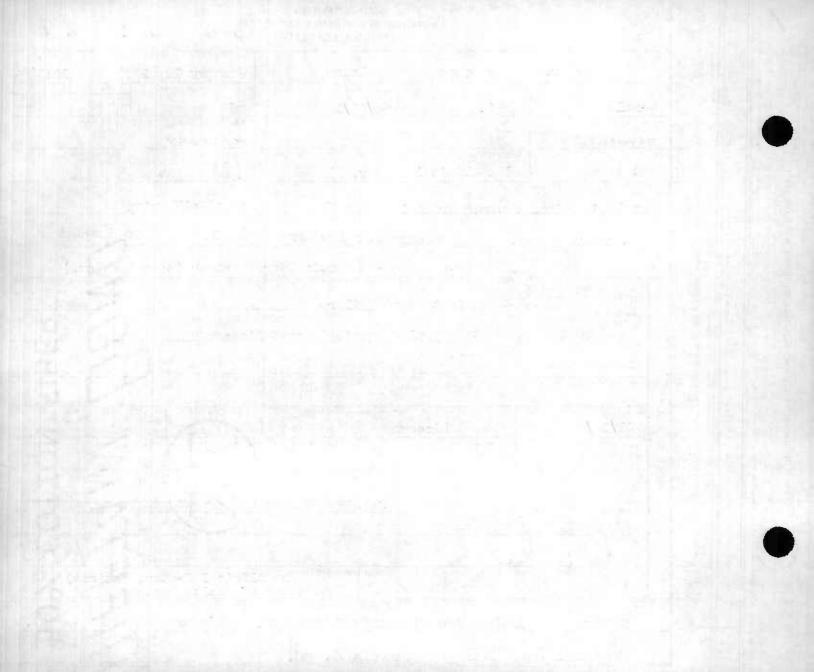
Suitland, Md

FOR

(VR A 15 (4))

Funeral Home Inc

STATE OF MARYLAND



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					STATE OF MARYLAND		
>		1	FOR - STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENES O REG. NO.	2029
(me)		1. DE	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
- PE		3. SE	HORENC	1. RACE	IS. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	13- 80 2:22A N
*			Female.	White.	MONTH DAY YEAR		MONTHS DAYS HOURS MIN
ei,		7a. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	May 18, 1903	76 YF	
out	47		shington D. d	. U. S. A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	1	MD
ופח		10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR THER INSTITUTION	120 USUAL OCCUPATION Y	126 KIND OF BUSINESS OR
nafe	11	rai	koma Park.	Washington A	Iventist Hospita READMISSION) WN 113d INSIDE CITY LIMITS?	al. Telephone	
ust be	25	USU 13a	AL RESIDENCE (IF NURSING HOME OR STATE 13b COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFO TY 13c. CITY OR TO	WN 13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	S. S. Md.
No.	20		ryland. Mont	Silver	Springs NO D	10206 Edge	Wood Ave
amin	60		FIRST	AIDDLE LAST	FIRST	MIDDLE	LAST
ahex	00		Obert WAS DECEASED EVER IN U.S. AR/	Stillions MED FORCES? 166 SOCIAL SEC		ADDRESS	Miller.
nedic			YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	Billion Indiana State Land	Acres, Fl	
he n			No.		-2199 Helen Ower	ns. 197E. Lak	e Dr. Lechigh
n,			PART I. DEATH WAS CAUSE	y one couse per line for o. 16, o	and ichi		BETWEEN ONSET AND DEATH
Ne.		P.,		E CAUSE (O) CONCU	maloses		
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THO.			1000	DUE TO, ON AS MONSEO	UENCE OF	Ubladder	
00			Conditions, if ony, which	(b) 10 MO7	arconoma y toll	1000 ance	
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othe			underlying couse lost.	DOE TO, OK AS A CONSEC	DENCE OF		
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n lor		CERTIFICATION	an	standerel	Wille Hack De	sedly will a	mulingal
yn,	-	ATI	198 DATE OF OPERATION	146 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20s AUTOPSY? 286 #	JES, WHEETINDINGS USED **
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sho	-	ERT	21a. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	1717 HOW IN ILLEY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM	The bad
00	9	_	OR CONTRIBUTING CAUSE OF DEA	LIGHT A M. MONTEN	DAY YEAR	JAKED (ENTER NATURE OF INJURY IN HEM	18, PART I OR PART 2)
Hem	1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
0		EDI	214 INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		
30		Σ	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
		1	220.1 certify that (1) (this haspit	al) attended the decensed from	FALL 1073	- TAV. 13	. 19 80 , that (I) (we) lost
			sow the deceased alive on		A 40	on death accurred on the date and	. 17, mor tr (we) lost
2			obove, (1) (we) (did) (did not		. Sha that III (my) (soi) opinio	on death accurred on the date and	nour and from the couses stated
Hen			THE SIGNATURE	11 47.1	DEGREE		224. DATE SIGNED
=			11.0001	141 XAM	MIA. MATTENDING	MEDICAL STAFF	1/2/20
Z.	_		120. PHYSICIAN'S NAME (TYPE OR	110000	22e. ADDRESS	CHIRECTOR PHYSICIAN	11/100
MPORTANT: IF)		A / A and W /	11 0	W/1100 /106 C	3/1/NG 94	9/elox
IMPORTANT	-	0.5	HUMBH (4, opoli	inply live		GINING MA
			BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
—			Burial	Jan. 16 1980		Bladensburg	Rd. P. G. Co
76	-	0	UNERAL DIRECTOR TANAME	25,4 (notice)	CHC1 - 24 - 31/1-	ATE REC'D. BY REGISTRAR 25b. REC	SISTRAK'S SIGNATURE
		X	THUN-TUNKELA	Martinos	N 116 70018 34	N 1 6 1980	To Beach
		1		The second secon			

white. Page 16, 1903 76 L Ferrain. Calona Park. . Cashington Advantart Hospital. Tolophone Co. Decimed. . 686 . 2 . 3 Taxyland. Nont. | Silver Spring. = 10206 Edge Mood Eye. Advort Reillions Carrie . +offin Marces, Florida. 577 F30-2199 Helen Creams. 1878. Lake Dr. Lechies

Burial Jan. 16 1980 Ft. Lincolm . Eladensburg Ld. P. G. 190.

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) Justine Herrmann January 4. RACE 5. DATE OF BIRTH 3. SEX Caucasian Female 12/29/1899 70. BIRTHPLACE (STATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Germany U.S.A. Montgomery County IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Fernwood House (TYPE OF WORK FOR MOST OF WORKING LIFE)
Homemaker Home Bethesda DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 13e STREET ADDRESS 8700 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Walkers Gaithersbur 13d INSIDE CITY LIMITS? Montgomery Marvland Choice Road 4. FATHER'S NAME IS MOTHER'S MAIDEN NAME Johann MIDDLE Renauer Marians Ismaier MIDDLE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 090-09-2343B Herbert K. Herrmann, same as No 18 CAUSE OF DEATH Enter only one couse per line for (0), \$b', and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO JOR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITION CON RIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX NO I 210. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) m 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mentol MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC. WHILE NOT WHILE 220.1 certify that (I) (this haspital) attended the deceased from and that is (my) (aux) apinion death occurred another date and hour and from the couses stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 1-24-80 should be deto with the State IMPORTANT: H 724 PRYSIDIAN'S NAME (TYPE DERRING) DDRESS Cedar Lane, #205 West Michel Healy Bethesda, Maryland 20014 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Bronx, New York state 1/28/80 St. Raymond's Cemetery Buria1 FUNERAL REGUSERT A. Pumphrey Deuneral Homes, 557 Wisconsin Avenue, Bethesda, MD DHMH - 16 50M 1/76 (VR A 15 (4))

STATE OF MARYLAND

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

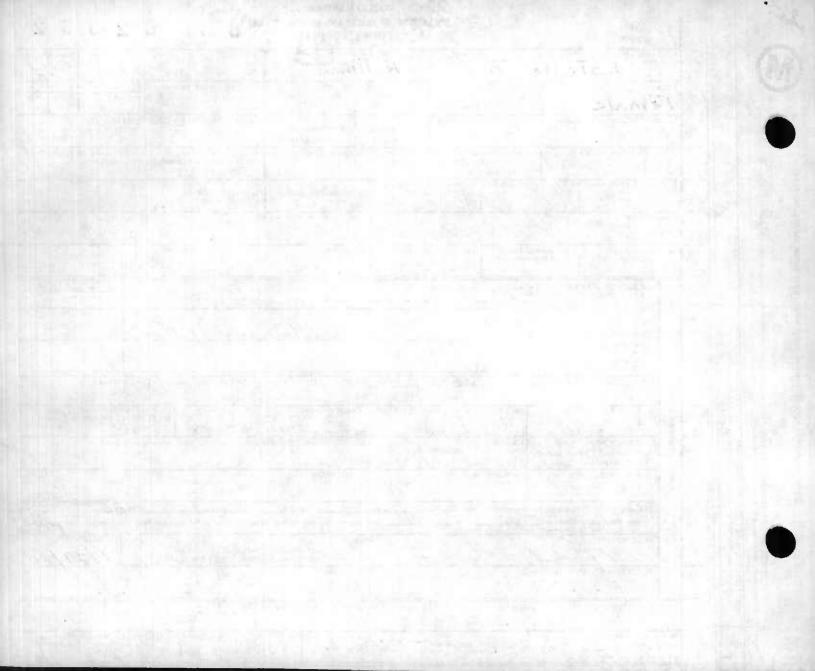
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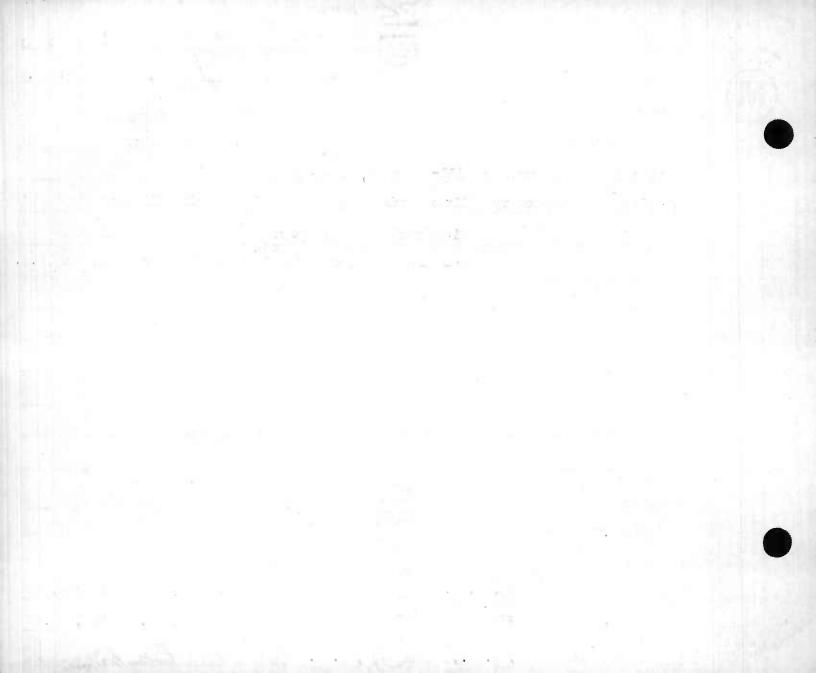
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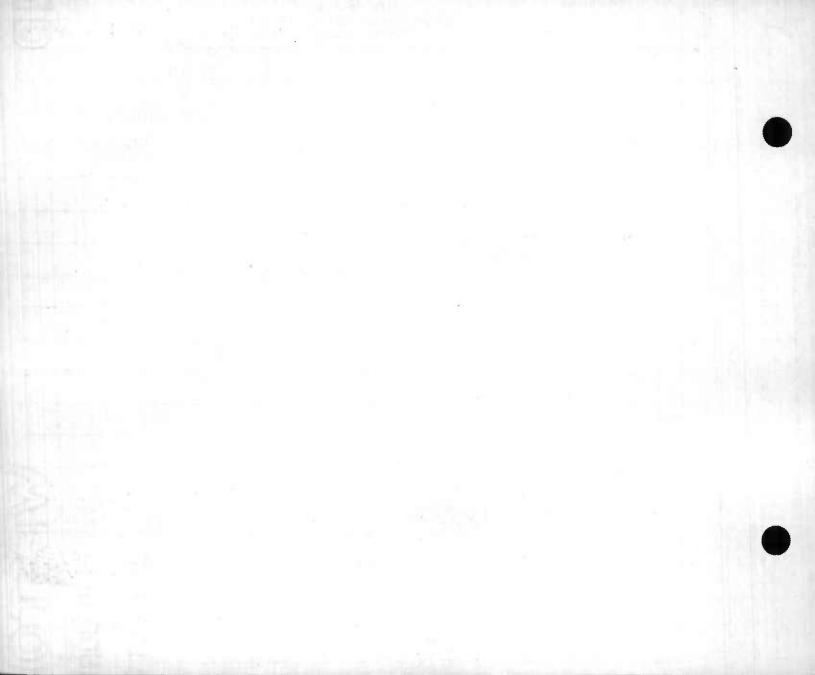
14 FUNERAL DIRECTOR
Danzansky-Goldberg Mem. Chapers, Rockville, Md.

Fall River Mass. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE





11800 New Hampshire Ave. Silver Spring, Md.

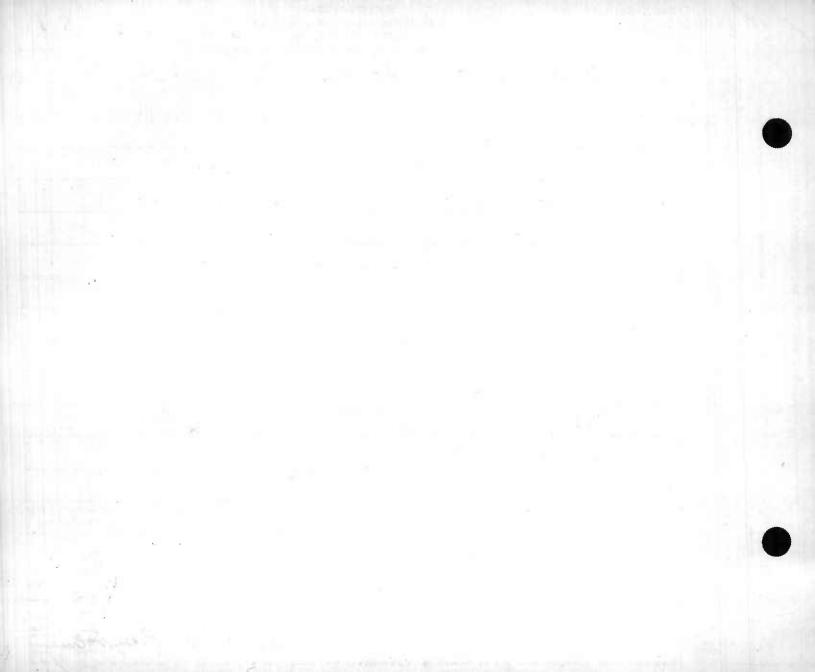


STATE OF MARYLAND FOR **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) PLEASE DRECTOR. DIR FILES. DEATH MATED STREET, 6. AGE (IN YEARS SEX 4 RACE IF UNDER 1 YR IEMNDER 24 HRS DATE LASI BIRTHDAY PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR L CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. Maryland DIVORCED WIDOWED FREIM ID. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME 126. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFES Guard Comsat BE CORDS USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE SHOULD 130. STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS NO OFVITAL 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME SES I. C FIRST MIDDLE AND Holsinger Nelson David Anna FORM 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Laytensville Rd. DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES PAGES Yes WW 217-10-5392 Margaret F. Helsinger Gaithersburg Md. WIT CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 00 PERMIT. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ALONG HYGIENE, IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF OR REMOVAL **BURIAL-TRANSIT** Canditions if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. ATION, O PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) MEDI IFICATION CREM 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? ORD "PE 28. AUTOPSY? Q E 3 SHOULD BE US E DEPARTMENT OF PRIOR TO BURIAL, YES [NO DE CERTI 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUS A.M. MONTH DAY YEAR UNDERLYING DO MEDICAL CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY 211. LOCATION 21d. INJURY OCCURRED AT WORK AT WORK STREET, FACTORY, FARM, ETC. PAGE STATE 201 and in my apinian 220. I certify that I took charge of the remains described above, held an Autopsy DIRECTOR: ARYLAND, 2 Suicide N death resulted fram: Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) DATE 2 n. 7, 1980 TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL I ER DEATH, SIGNATURE MEDICAL EXAMINER EXAMPLES NAME (TYPE OF PRINT) John S. Rogers, Deputy 1919 Seminary Rd., Silver Spring, Md. ER AFT 23d, LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE Eckhart Cemetery Eckhart Jan.11. 180 Allegany Maryland Burial BP BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERALD RECTO 25a. DATE REC'D. Sanleson 1316 E. Diamond Ave. **DHMH - 17** (VR A15 ME (5) Gartner-Sandison F.H. Gaithersburg. Md. 30M 7/73

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OR ATTEN e hospitol DIRECTOR oched for v Dept. of He		sow the deceased alive of above (I) (we) (did) (did no 17h. SIGNATURE	n town 16, ot) view the bady after death	DEGREE		ote and hour and from the causes stated 22c. DATE SIGNED
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Should with the	23o.	BURIAL CREMATION REMOVAL	Nicklas, M.	23c NAME OF CEMETERY OR CREMATORY	23d. LOCATION	shington, D.C.
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DHMH - 16 50M 1/76 (VR A 15 (4))	24. F	NAME ROBE	ERT A. PUMPHIA. BETHESDA.	REY FUNERAL MARYLAND	HINC'S BY REGISTRAR	25b. REDISTRANS SIGNATURE

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	STATE OF MARYLAND									
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_	ATHER'S NAME									
Jo				Hume			MIDDLE	Во	yď	
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	underlying cause	lost.				entery and Bi	ladder Hemor	rhage		
	PART 2 OTHER SIGN	NIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PA	RT 1(a)	
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E E	210. ACCIDENT WAS UN	DERLYING [21c. HOW INJURY OCCU		RY IN ITEM 18, PART 1 OR PAI	RT 2)	
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ME			(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)			STREET CITY OR TOWN C			Y STATE	
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	sow the deceas	ed olive or	an an	after death	<u>8U_</u> , o	nd that in (my) (aur) apinio	n death accurred an the d	ate and haur and from	n the couses stated	
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	Marce	nce	Inter	verno	ello	ATTENDING	MEDICAL STA	FF INNIN	121/80	
1	224 PHYSICIAN'S N	AMF ITYRE	NO BOINT)		_		DIRECTOR PHYSIC	IAIN	700	
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24 F	UNERAL DIRECTOR	Paci	11.112	ADDRESS	Arlin	gton, Va. 25a. D/	TE REC'D, BY REGISTRAR	25b. REGISTRAP'S SIC	ATUR	
A	rlington F	unera	I Home	3901 N. F	airfa	x Dr.	DARI C - NIWE	" harden	recrusing	
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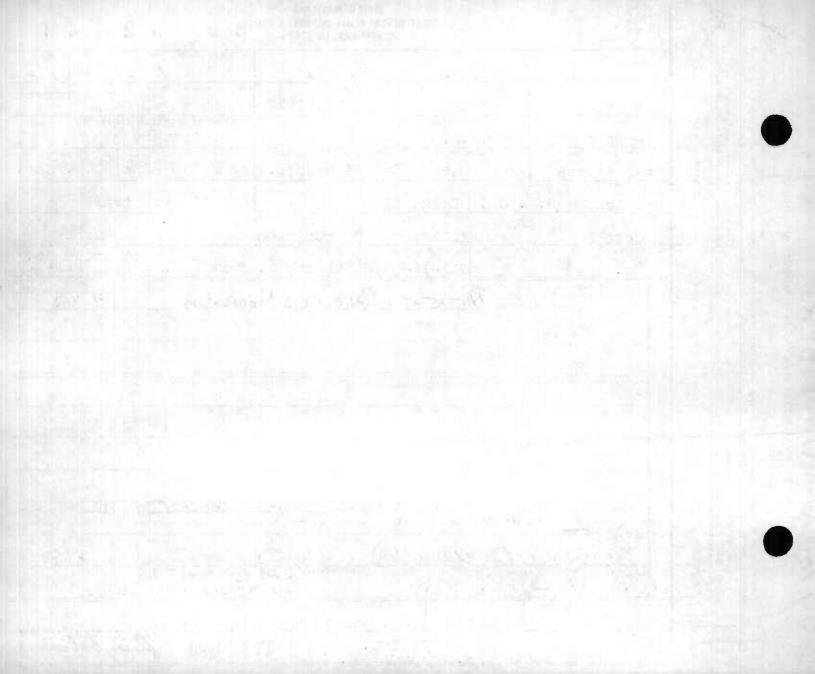
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ANT: If Nem 21 is mo	X	220.1 certify that (1) (this has saw the deceased alive above (0) (we) (did) (did) (22b. SIGNATURE	an not) view the body after death.	DEGREE	ATTENDING M	AEDICAL STAFF	22c. DAT	TE SIGNED Z. 8-80
J RT		JAMESR	· COCCHAD		SILV	ER SPR	ING M	d 20910
¥—	23a 8	BURIAL, CREMATION, REMOVA		30. NAME OF CEMETERY OR unset Garde	MemoryPk		COUNTY	STATE
	PORTANT: If them 21 is marked or them 18 shows any injury, ar other traumatic event, the medical axaminer must be natified of and	# Hem 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be nortified at once. 3. SE	1 - STATE REGISTRAR 1. DECEMBER (TYPE OA PRINT) 3. SEX FEMALE 70. BIRTHPLACE (STATE OR FOREIGN S. COUNTY) S. CATOLINA 10. CITY OR TOWN OF DEATH Wheaton USUAL RESIDENCE (IF NURSING HOME MATY Land 14. FATHER'S NAME FIRST Jacob 16. WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) NO 18. CAUSE OF DEATH (Enter PART 1. DEATH WAS CAU IMMED Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN PART 2. OTHER SIGNIFICAN 190. DATE OF OPERATION 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF ETHER, NOT WHILE AT WORK AT WORK 220. I certify that (1) (this has saw the deceased alive obove. (B) (we) (did)/did 220. SIGNATURE	1 - STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) 3. SEX Female 70. BIRTHPLACE ISTATE OR FOREIGN SOUNDY ATOLINA 10. CITY OR TOWN OF DEATH Wheaton 11. NAME OF HOSPITAL, NUR REGISTRAR 11. NAME OF HOSPITAL, NUR REGISTRAR 12. CITY OR TOWN OF DEATH Wheaton 13. SEX Female White 14. RACE White What Country 15. CITY OR TOWN OF DEATH Wheaton 16. CITY OR TOWN OF DEATH Wheaton 17. NAME OF HOSPITAL, NUR REGISTRAR 18. CAUSE OF DEATH (IF YES, MORE UNKNOWN) NO 18. CAUSE OF DEATH (Enter only one couse per line Long of the Country) 18. CAUSE OF DEATH (Enter only one couse per line Long of the Country) 18. CAUSE OF DEATH (Enter only one couse per line Long of the Country) 18. CAUSE OF DEATH (Enter only one couse per line Long of the Country) 19. CAUSE OF DEATH (Enter only one couse per line Long of the Country) 19. CAUSE OF DEATH (Enter only one couse per line Long of the Country) 19. CAUSE OF DEATH (Enter only one couse per line Long of the Country) 19. CONTRIBUTING 19. CONTRIBUTING 210. DATE OF OPERATION 19. CONTRIBUTING 2110. ACCIDENT WAS UNDERLYING 3. RESIDENCE 3. RESIDENCE	DEPARTMENT OF HEALTH AND CERTIFICATE OF 1. DECEASED NAME FRST MODIE 1. DECEASED NAME FRST MODIE 1. DECEASED NAME FRST MODIE 3. SEX Female 76. CITYCOR PRINT) S. DATE OF BIRTH Feb 26 78. BIRTHPLACE STATE OF FOREIGN S. COUNCIL ATOLINA USA USA Wheaton Wheaton Wheaton Wheaton USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 10. CITY OR TOWN OF DEATH Wheaton Wheaton Wheaton USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 114. FATHER'S NAME Jacob W. Hardy 115. MOTHER JACOB 116. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) 116. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) 117. INFORM NO 118. CAUSE OF DEATH Enter only one couse per line Jongiol, (b), and (c). PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF UNDERLY OR CONTRIBUTING TO DEATH BUT NOT RELATE 119. DATE OF OPERATION 119. CONDITION FOR WHICH OPERATION WAS PERFIT 119. DATE OF OPERATION 119. CONDITION FOR WHICH OPERATION WAS PERFIT 119. DATE OF OPERATION 119. CONDITION FOR WHICH OPERATION WAS PERFIT 119. WHILE ALL OF INJURY HOUR AM. MONTH DAY YEAR 119. 216. HOW IN ONLY MICH OPERATION WAS PERFIT 119. WHILE ALL OF INJURY HOUR AM. MONTH DAY YEAR 119. 216. HOW IN ONLY MICH OPERATION WAS PERFIT 119. WHILE ALL OF INJURY HOUR AM. MONTH DAY YEAR 119. 216. HOW IN ONLY MICH OPERATION WAS PERFIT 119. WHILE ALL OF INJURY HOUR AM. MONTH DAY YEAR 119. 216. HOW IN ONLY MICH OPERATION WAS PERFIT 119. WHILE ALL OF INJURY HOUR AM. MONTH DAY YEAR 119. 216. HOW IN ONLY MICH OPERATION 119. CONDITION FOR WHICH OPERATION WAS PERFIT 119. WHILE ALL OF INJURY HOUR AM. MONTH DAY YEAR 119. ONLY MICH OPERATION 119. CONDITION FOR WHICH OPERATION WAS PERFIT 119. ONLY MICH OPERATION 119. CONDITION FOR WHICH OPERATION WAS PERFIT 119. ONLY MICH OPERATION 119. CONDITION FOR WHICH OPERATION WAS PERFIT 119. ONLY MICH OPERATION 119. ONLY MICH OPERATION 119. ONLY MICH OPERATION 119. ONLY MICH	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH STATE REGISTRAR LAST LAST	DEPARTMENT OF HEALTH AND MENTAL HYGENE REGISTRAR TOPECASED NAME T	DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR DEFECACED MANE THE REGISTRAR THE REGISTRAR DEFECACED MANE THE REGISTRAR THE REGISTRAR DEFECACED MANE THE REGISTRAR THE REGISTRAR THE REGISTRAR DEFECACED MANE THE REGISTRAR THE REGISTRAR

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m €	1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
oy be death	NINA		HYMAN		28/80 8 A M
fer p	3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
Page .	Female	White	Jan. 20, 1923	57 YRS	
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oy the	10 CITY OR TOWN OF DEATH	MENOT IN SUCH FACILITY, GIVE ST	SING HOME OR OTHER INSTITUTION REET ADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING ASSEMBLY LIT	126 KIND OF BUSINESS OR LIFET INDUSTRY 10 U.S. GOV.
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RECORDS, law requir by been signermit. Then the prior to both soony injury	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b IF Y	ES, WERE FINDINGS USED
TALRE is The lo sicron. The los sicron. The los sicron. The los sicron. The los shows shows	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING				TIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \(\bigcap \)
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7 = 7 + 0 =	times	1. Bolun	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/28/80
	27d PHYSICIAN'S NAME (TYPE	OR PRINT]	22e ADDRESS	5 RELUCIST RO	11/11/
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STATE OF MARYLAND

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Jack

FOR

- STATE

REGISTRAR

DECEASED NAME

IF UNDER I YEAR IF UNDER 24 HRS & AGE (IN YEARS LAST BIRTHDAY) MONTHS OAYS HOURS MIN BALTIMORE CITY OR COUNTY OF DEATH Montgomery 12ª USUAL OCCUPATION 12h, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Retired-Clerk 13e. STREET ADDRESS 315- West Side Drive # 301 MIDDLE Unknown ADDRESS James G. Jack Jr. (Son) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED 200 AUTOPSY? INCERTIFYING CAUSES OF DEATH? NO YES [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OF TOWN COUNTY STATE __, and that in (my) (our) opinion death occurred on the date and haur and from the causes stated 22c. DATE SIGNED STAFF DIRECTOR PHYSICIAN 8630 Fenton St. Silver Sp., Md. 23d LOCATION STATE CITY OF TOWN COUNTY Jan. 6, 1980 Lee's Grematory Washington, D.C. Cremation 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH-16 20M J.Wm.Lee's Sons Co.300-4th St., NE, Wash., DC20002 (VRA 15, 4) 7/7B

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

20. DATE OF DEATH

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Value in the control of the control

CEL-31-7205 James C. Jack, Jr. (Lon) same as above la

Jan. 5, 1980

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J. m. Lee's Jen. 10.300-4th St., Ki, can., DC COC.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN DAY TYPE OR PRINT) ESTI-1/5/80 DEATH MATED EMMA JACKSON 4. RACE 2d HOUR IF UNDER 24 HRS 2c. DATE YEAR LAST BIRTHDAY PRONOUNCED Black 22, 1907 Female Dec. 72 YRS DEAD To BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE ETTY OR COUNTY OF DEATH MARRIED A NEVER MARRIED FOREIGN COUNTRY) MONTGOMERY CO. U.S.A. Va. WIDOWED DIVORCED FILED, V D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS BETHESDA IF NOT ISTIBURBANSTHOSPITAL OR INDUSTRY Unemployed USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE Monta. Kensington 13d INSIDE CITY LIMITS? 4107 Plyers Mill Rd. BALTIMORE, MD. 21201 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Maria F. Smith Joseph Keith 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166. SOCIAL SECURITY NO. Philip Jackson (Husband) same as #13 579-28-8137 No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH Hypertensiva CardioVascular Disease PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) CERTIFICATION CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES 🗌 NO X 3 SHOULD BE DEPARTMENT 710 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING 0 MEDICAL CONTRIBUTING CAUSE OF DEATH 21201 PRIOR 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY WHILE AT WORK EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORV
TO FUNERAL DIRECTOR: P
AFTER DEATH, WITH THE SI
BALTIMORE, MARYLAND, 21 Inspection X 22e. I certify that I took charge of the remains described above, held an Autopsy and in my apinian Natural causes death resulted fram: Accident Homicide Undetermined manner ACTUAL SIGNATURE EXAMINER'S NAME TYPE OR PRINT **ADDRESS** 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE COUNTY STATE 1 - 10 - 80Mutual Memorial Cem BP Burial Sandy Spring. Monta. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 17 Washington Te Md 20 (VR A15 ME (5)) George R. Snowden 15M 7/77

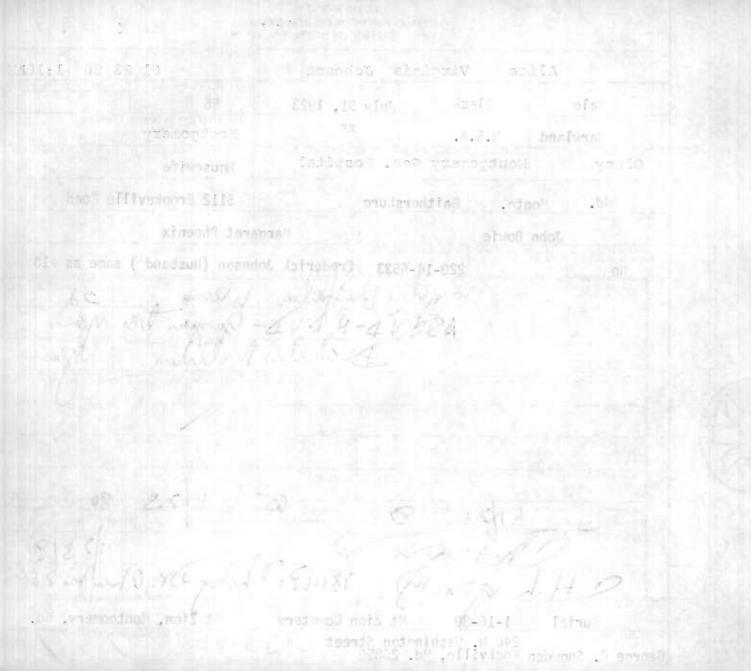
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			STATE OF MARYLAND	
	1	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	a a o
	1.1-	STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATHURS AND A	0 14 0
			REG. NO.	
20		CEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN MONTH	DAY YEAR THOUGH
	(,,	7.	Ten Sen DEATH MATED To	1 24 11
	-		0 7000	- 190 U - AN W
	P 59	4 RACE	5 DATE OF BIRTH MONTH DAY YEAR LAST BIRJHDAY) MONTHS DAYS HOURS AND PRONOUNCED	DAY YEAR
		11/1/	MONTHS DATS HOURS MIN PRONOUNCED	2 20 25
	1	IDTION A CF. 15TAYLOR		19 M
ı	14	IRTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED PREVER MARRIED 9 BALTIMORE CITY OR COUNT	Y OF DEATH
Ķ	U	nknown	USA WIDOWED DIVORCED DIVORCED ACONTO	AMERYMO
÷	1	ITY OR TOWN OF DEATH		26. KIND OF BUSINESS
1	1	C DEATH	(IF NOT IN SUCH FACILITY, GROST BEET ADDRESS) (IF NOT IN SUCH FACILITY, GROST BEET ADDRESS) FOR MOST OF WORKING (IFE)	OR INDUSTRY
}		0113PX	Holy Cross Horn Partner Business	
	USU	AL RESIDENCE (IF IN NILL OF LE	OR OTHER INSTITUTION, GAVE RESIDENCE BEFORE ADMISSION)	TA DUSTIN
7		STATE / ITU COUN	NTY 136_CITY OR TOWN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS D	1 n.
No.		Va Fai	rfax Falls Church YES NO 292	VO IVV
-	14 F	ATHER'S NAME		
0	1	FIRST	MIDDLE LAST 15. MOTHER'S MAIDEN NAME FIRST MIDDLE	LAST
×		John	Jensen Unknown	
-	16a.	WAS DECEASED EVER IN U.S. AR		Stuart Dr
3	1		WAR ON DATES)	
		Yes WWI	I Korean 579-24-9588 Mrs. Marietta T. Jensen, Wi	fe Church
		18 CAUSE OF DEATH (Enter of	nly ane cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I DEATH WAS CAUSE	DRY.	BETWEEN ONSET AND DEATH
		IMMEDIA	ITE CAUSE (a) Carbe My OCLING 12 DOS	
		4271	DUE TO, OR AS A CONSEQUENCE OF	
	1	Canditians, if pny, which		
		gave rise to immediate		
		cause (a) stating the <u>under</u> lying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
	1	Tyning coose tost.	(c)	
		BART 2 GINER CICNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a .	_
	-	TAKE 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO GEATH BUT HOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
	6	1/800		
	15	19a. DATE OF OPERATION	198. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
)	2	1 100		
3	E	Mon		YES NO NO
7	I W	21a. EXTERNAL CAUSE WAS	216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART	(2)
5	1 2	UNDERLYING OR	HOUR A.M. MONTH DAY YEAR	
-	13	CONTRIBUTING CAUSE OF		
	MEDICAL CERTIFICATION	21d. INJURY OCCURRED	216. PLACE OF INJURY (ATHOME, 21f. LOCATION	
	3	WHILE NOT WHILE (STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COU	NTY STATE
		AT WORK - AT WORK		
	1		ge of the remains described above, held an Autapsy . Inspection . Inquiry . and in my api	
				nian
		death resulted fram: Natu	ral causes Accident Suicide , Hamicide , Undetermined manner ,	
	1	7		
		ACTUAL	TITLE (SPECIFY) DATE	7 0 . 0 !
	1	SIGNATURE	M.D. MEDICAL EXAMINER SIGNED	22n1. 171
ĺ	1	//		
Ļ	1	EXAMPLES NAME TOTAL	N.C. DOGERG W.D. 3010 C. winow: Dd CC	M.A
		PYPE OR PRINT) JOH	N.S. ROGERS, M.D. ADDRESS 1919 Seminary Rd., SS.	IVICI
	23a.E	URIAL CREMATION, REMOVAL	236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION	
	1	SPECIFY)	CITY OR TOWN COUNT	
	-	Burial		Cty Md.
	24. F	UNERAL DIRECTOR	250. DATE REC'D, BY REGISTRAR 256. REGISTAR'S SK	
	W.	W. CHAMBERS	CO, 8655 Ga.Ave., SS, Md. 20910 JAN 1 0 1980	Astal modes
		" · OITHIUDEUD	ou, ou) Ga. Ave., SS, Ma. 24910/4/11 0 1004	

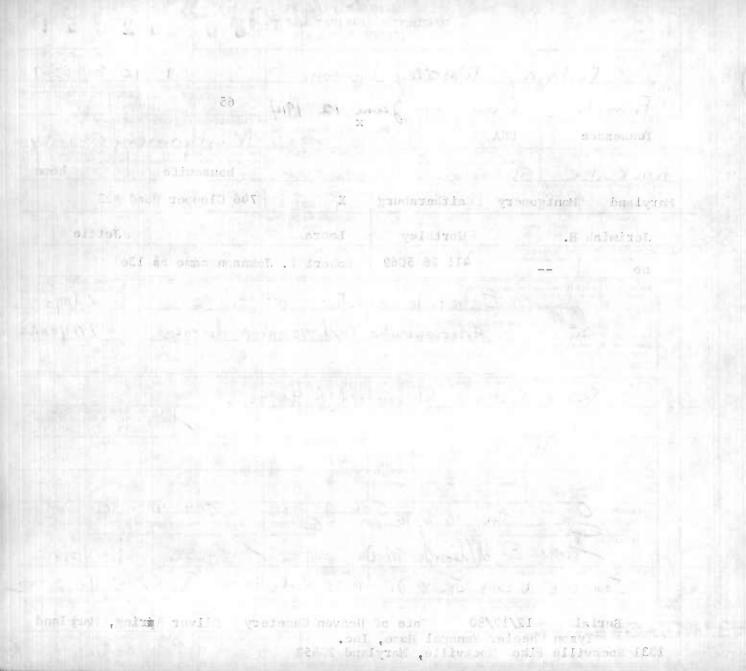
had the managed readers. promisely uninterest and a second BREET ALASS - L. ANTONY DE LES PRE-USATE L'AMBERTATION NOY CONTROL OF STREET SEED LEVEL CONTROL OF SEED AND SEED OF SEED AND SEED OF SEED AND S Lieuwil 11 Julian de Source fill e des pest, f. dat. frien

2	1	FOR - STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	GIENS O REG. NO.	0 2	0	49
± 3 e	I. DE	CEASED NAME FIRST Ali	MIDDLE		ohnson		ONTH DAY	YEAR	26 HOUR
may be r, page 3 fter deoth	3. SE		4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHD	01 23	80	1:18AM
ge 4 1 ector, urs offt		PeMale	Black	July	31, 1923 YEAR	56	YRS.	NTHS DAYS	HOURS MIN
deoth. Pa		INTHPLACE (STATE OR FOREIGN Maryland	76 CITIZEN OF WHAT C	MARRIE		9 BALTIMORE CITY OR Montgome		FDEATH	MD,
rs ofter d by the fur filed with			Montgomer	yve seenpress) H		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V HOUSEWIFE	N VORKING LIFE)	12b. KIND C INDUSTRY	OF BUSINESS OR
AND 212 n 24 hour filled in hould be if	130.		NTY 13c CIT	PENCE BEFORE ADMISSION) OR TOWN thersburg	13d INSIDE CITY LIMITS? YES NO [136 SIREET ADDRESS 5112 Broo	kevill	e Roa	d
with a with nd 2 s	14. F.		MIDDLE BOWie	LAST	15. MOTHER'S MAIDEN NA	aret Phoenix		LAS	1
orecuted and compages I on dicolar		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SO	CIAL SECURITY NO.	17 INFORMANT	ADDRES:	5		
be execution and c	-	YES, NO OR UNKNOWN) {IF YES, GIVI	war or dates)	-14-6533	Frederick Jo	hnson (Husba	nd) s	ame a	s #13
ST., BAL ertificate g physici conpoper removal.		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE IMMEDIA)		John Land	mulation	Whine		3	MARTE INTERVAL SHOEL AND DEATH
death ce ottendin ove carb		2500 Canditions, if any, which	DUE TO, OR AS	Ship nelice BE	-410 H.	- Jungene	Tils	New	~
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120' NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours in a catificate by sixion. Where this certificate has been signed by the ottending physician and campletely filled in by as the burial-transit permit. Then please remove carbonapapers. Pages I and 2 should be filled in hand Mental Hygiene prior to burial, cremation, or removal.		gave rise to immediate cause (a), stating the underlying couse lost.	DUE TO, OR AS A C	ONSEQUENCE OF	alelox	willed	0	3h	ge-
quires the signed then plece to buriol niury, or	NO	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDI	TION GIVEN	IN PART	1
TAL RECOR	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, W IN CERTIFYIN YES [IG CAUSES	NGS USED OF DEATH?
DN OF VITA IYSICIAN: TH ding physicia s certificate burial-transit Mental Hygic		71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216 TIME OF INJUR HOUR A.M. MC		21¢ HOW INJURY OCCUR	630			
VISION O PHYS or this ce the buri ond Mer ked or the	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJU (AT HOME, STREET, FACTO	RY	21f LOCATION STREET	CITY OR TOWN	a>2.1	COUNTY	STATE
DIVISI NDING PI of or otter R: After th use as the Health ond is marked		22a I certify that (I) (this hospi	1 10 3 3	1	19(15		S _, 19.		that (It-(we) last
ATTE nospite ECTO ed for of of hem 21	-	sow the deceased alive on abave, (1) (www (ded) 22b SIGNATURE	n viewste body after der	th.	d that in (my) (our) apinian	death accurred on the date	ond hour or	nd fram the	couses stoted
PITAL OR A by the hos ERAL DIREC e detoched Stote Dept		THE SIGNATURE	Marg	2/0	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	N	15	3/80
TO HOSPITAL retoined by 11 TO FUNERAL should be det with the Stote		228. PHYSICIAN'S NAME (TYLE O	R PRINT!	da	1811 Pt	The goland	20/	eyt	1283
1302	23a. (BURIAL, CREMATION, REMOVAL	1 26 CO		n Cemetery	Mt Zion.	Mont	I OM O WY	Md.
DHMH - 16 50M 1/76	24 F	Buria1 UNERAL DIRECTOR	246 N. Han		DAT DAT	E RESD. BY REGISTOAR 25	Monto	PASIGNAY	THE T
(VR A 15 (4))	Ge	orge R. Snowden	246 N. Was Rockville.	Md. 20850	reet JA	W 5 8 1300	'		1



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME LAST 20 DATE OF DEATH MONTH 26 HOUR TYPE OR PRINT Burr Nello JOHNSON. 1980 JR. January 4 RACE 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR Aug. 28 19 13 HOURS. Male Caucasian 66 To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Vew York USA Montgomery WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Realtor/Proprietor Bethesda National Naval Medical Cente Realtor BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY filled ould b 13: WITY OR TOWN 13d INSIDE CITY LIMITS? 130 STREET ADDRESS 5217 Westwood Drive Md. Montgomery estmoreland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST Marie Kathleen Burr Nello Johnson Sr. Dunn ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) GIVE WAR OR DATES) 105 03 9991 es Mrs. Frances S. Johnson See item 13 18. CAUSE OF DEATH (Enter only one couse per line for_ PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE Conditions, if ony, which immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? ă IN CERTIFYING CAUSES OF DEATH? YES X NO YES X NO [Mental Hyg morked or Item 18 sh 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 19 80 220.1 certify that (V (this haspital) attended the deceased from. sow the deceased olive an Jan. 19 80 ____, and that in /m/) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED = ATTENDING MEDICAL be deto 12 JAN 80 MPORTANT: DIRECTOR PHYSICIAN PHYSICIAN 72 ADDRESS should be with the National Naval Medical Center, Bethesda, Md. TIG BURIAL DEMATION REMOVAL 71h DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) 1/15/1980 BP. Arlington National Arlington Arlington Va. Burial 24. FUNERAL DIRECTOR DHMH - 16 50M 1/76 JAN 1 :6-1980 (VR A 15 (4)) Jos. Gawler Sons Washington, D. C.

The second of th



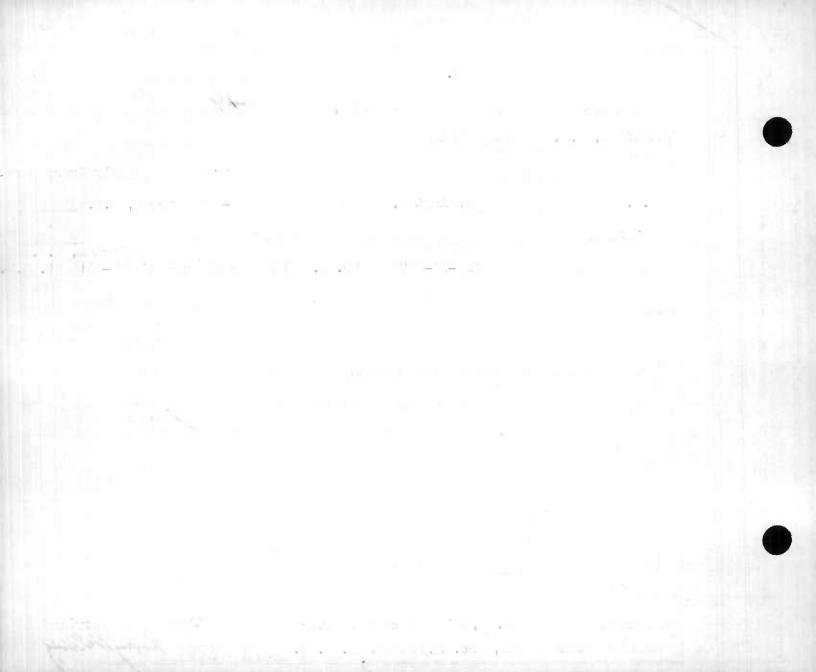
		OR		DEPARTMENT OF HEALTI	H AND MENTAL H	YGIENE	0 0 0	74 0		
И	- STATE REGISTRAR		ME	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. No. 4 4						
T		EASED NAME FIRST		WIDDLE	LAST	20. DATE KNOWN	MONTH DAY	YEAR THE HIGHER		
V.	(, , , ,	Eva	ness.	Lex ?	TRACE	OF ESTI- DEATH MATED	1 Jan41	900 5 M		
3	SEX	4 RACE	S DATE OF BIRTH	6. AGE (IN YEARS IF OF	NDER 1 YR. IF UNDER	24 HRS. 2c. DATE MIN PRONOUNCED	MONTH DAY	YEAR 34 HOUR		
	,	mw	Mey 1.	526 534RS.	INS DATS HOOKS	DEAD	Jany 1	8 6 6 m		
17	FOR	THPLACE (STATE OR EIGN COUNTRY)		/HAT COUNTRY? 8. MARR	RIED NEVER MARRI	ED 9. BALTIMORE CIT	Y OR COUNTY OF DE	ATH		
Ļ		ARYLAND	U.S.A		WED DIVORC		rocam.	ery MD.		
ľ	B. C. II	Y OR TOWN OF DEATH		SPITAL, NURSING HOME, OR OTH ACILITY, GIVE STREET ADDRESS)	HER INSTITUTION	FOR MOST OF WORKING LIFE) BINDER	TYPE OF ORK 126. KINI	D OF BUSINESS		
	KILA	L RESIDENCE HE IN NURSING HOM	AE OR OTHER INSTITUTION, G	SIN - XI SUENT.	· Harf	BINDER	VI	TKU LAB.		
	3a ST		UNTY	13c. CITY OR TOWN	600	13e STREET ADDRESS	0	01		
1	4.54	ma Krix	ec-berros	est Aleiphi	YES NO	0031 NO	en King	N. 15		
ľ	4. FA	THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDE	N NAME MIDDLE	21171111	ST		
1	6a \A	CHARLES AS DECEASED EVER IN U.S.		NES 166. SOCIAL SECURITY NO.	SARAH 17. INFORMANT	ADDRE	QUINN			
ľ	(YE	5, NO, OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)					12 11777		
F		YES	WW II	215-20-5228	PATRICIA	CAROL JONES	SAME AS			
ı		18. CAUSE OF DEATH (Enter PART I DEATH WAS CAU	anly ane cause per line SED BY:	e far (a), (b), and (c).)	1.	, - ,	BETWE	ROXIMATE INTERVAL EN ONSET AND DEATH		
1	Н		IATE CAUSE (a)	Monor	-In you	22412	110			
1		Canditians, if any, whi		R AS A CONSEQUENCE OF						
Г		gave rise to immedia	ite / (b)							
ı		lying cause last.	DUE TO, OR	R AS A CONSEQUENCE OF			3			
			(c)		START.					
			(c)	BUT NOT RELATED TO THE TERMINAL DISEAS	SE OR CONDITION GIVEN IN PAI	RT 1 (o).				
	NOI	PART 2 OTHER SIGNIFICANT CONDITION	ne			RT 1 (a).				
	CATION		ne	BUT NOT RELATED TO THE TERMINAL DISEAS		RT 1 (a).	20. AU	TOPSY?		
,	RIFICATION	PART 2 OTHER SIGNIFICANT CONDITION 190. DATE OF OPERATION	ne 196. CONDI	ITION FOR WHICH OPERATION W	VAS PERFORMED?		YE	ITOPSY?		
	U	PART 2 OTHER SIGNIFICANT CONDITION 190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS	196. CONDI	ITION FOR WHICH OPERATION W	VAS PERFORMED?	RT 1 (0). D LENTER NATURE OF INJURY IN ITEM	YE	_		
	CAL CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITION 19a. DATE OF OPERATION 21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE O	198. CONDI 218. TIME O HOUR A.A	ITION FOR WHICH OPERATION W IF INJURY M. MONTH DAY YEAR A. 19	VAS PERFORMED?		YE	_		
	AEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITION 190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d. INJURY OCCURRED	218. TIME O HOUR A.M P DEATH 21e PLACE: SUPERI FACE:	FINJURY M. MONTH DAY YEAR A. 19 OF INJURY (ATHOME, 211. LC	VAS PERFORMED? OW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM	YE	S NO.		
	₹ [PART 2 OTHER SIGNIFICANT CONDITION 19a. DATE OF OPERATION 21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE O	216. CONDI 216. TIME O HOUR A.M 216 PLACE	FINJURY M. MONTH DAY YEAR A. 19 OF INJURY (ATHOME, 211. LC	VAS PERFORMED?		YE	_		
	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITION 19a. DATE OF OPERATION 21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING OR CONTRIBUTING AUTOMATICAL OF CONTRIBUTING AUTOMATICAL OF CONTRIBUTING AUTOMATICAL OF CONTRIBUTING AUTOMATICAL OF CONTRIBUTION OF	216. TIME O HOUR A.M. P.DEATH P.M. 216. PLACE STREET, FAC	ITION FOR WHICH OPERATION WIFE INJURY M. MONTH DAY YEAR A. 19 OF INJURY (ATHOME, 21f. LC	VAS PERFORMED? OW INJURY OCCURRE CATION STREET	D LENTER NATURE OF INJURY IN ITEM	YE SIBPART LOR PART 2)	S NO.		
	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITION 19a. DATE OF OPERATION 21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that I took cho	218. TIME O HOUR A.A PF DEATH 21e PLACE STREET, FAC	ITION FOR WHICH OPERATION W IF INJURY M. MONTH DAY YEAR A. 19 OF INJURY (ATHOME, 211. LC CTORY, FARM, ETC.) Secribed above, held an Autop	OW INJURY OCCURRE	CITY OR TOWN	YE	S D NO.		
22	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITION 19a. DATE OF OPERATION 21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d. INJURY OCCURRED WHILE AT WORK 27a. I certify that I took cho	216. TIME O HOUR A.M. P.DEATH P.M. 216. PLACE STREET, FAC	ITION FOR WHICH OPERATION WIFE INJURY M. MONTH DAY YEAR A. 19 OF INJURY (ATHOME, 21f. LC	OW INJURY OCCURRED STREET Day	D LENTER NATURE OF INJURY IN ITEM	YE SIBPART LOR PART 2)	S NO.		
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	MEDICAL	PART 2 OTHER SIGNIFICANT CONDITION 19a. DATE OF OPERATION 21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that I taak cho	218. TIME O HOUR A.A PF DEATH 21e PLACE STREET, FAC	ITION FOR WHICH OPERATION W IF INJURY M. MONTH DAY YEAR A. 19 OF INJURY (ATHOME, 211. LC CTORY, FARM, ETC.) Secribed above, held an Autop	OW INJURY OCCURRED STREET Day	CITY OR TOWN	YE YE COUNTY	S NO.		
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2	WEDICAL MEDICAL MEDICA	PART 2 OTNER SIGNIFICANT CONDITION 19a. DATE OF OPERATION 21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CAUSE OF CONTRIBUTION OF CAUSE OF CONTRIBUTION OF CAUSE OF CAUSE OF CONTRIBUTION OF CAUSE	21b. TIME O HOUR A.M. P.M. 21e PLACE STREET, FAC 21g af the remains de- tural causes N. S. ROGER 1/8/80	FINJURY M. MONTH DAY YEAR A. 19 OF INJURY (ATHOME, 2H. LC TORY, FARM, ETC.) 211. LC Scribed above, held an Autap Accident , Suicide N 2236. NAME OF CEMETERY C GATE OF HEAV	OW INJURY OCCURRED OCATION STREET OSY	CITY OR TOWN CITY OR TOWN Inquiry	COUNTY ON THE PART 1 OR PART 2) COUNTY ON THE PART 1 OR PART 2) COUNTY ON THE PART 1 OR PART 2) COUNTY COUNTY COUNTY COUNTY COUNTY	STATE		
2	WEDICAL WEDICAL WEDICAL	PART 2 OTHER SIGNIFICANT CONDITION 19a. DATE OF OPERATION 21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that I taak che death resulted fram: No ACTUAL SIGNAT IN EXAMINER'S NAME TIAL (CREMATION REMOVAL ECIPT) BURIAL NERAL DIRECTOR RANCI NAME	21b. TIME O HOUR A.M F DEATH 21e PLACE STREET, FAC AT S. ROGER 23b. DATE 1/8/80 S J. COLLI	FINJURY M. MONTH DAY YEAR A. 19 OF INJURY (ATHOME, 2H. LC TORY, FARM, ETC.) 211. LC Scribed above, held an Autap Accident , Suicide N 2236. NAME OF CEMETERY C GATE OF HEAV	OW INJURY OCCURRED OCATION STREET OSY	CITY OR TOWN CITY OR TOWN Inquiry	COUNTY ON THE PART 1 OR PART 2) COUNTY ON THE PART 1 OR PART 2) COUNTY ON THE PART 1 OR PART 2) COUNTY COUNTY COUNTY COUNTY COUNTY	STATE		

STATE OF MARYLAND

HEMARM TO BEAR COLUMN TO THE THE THE STATE OF THE S

(VRA 15, 4) 7/7B

STATE OF MARYLAND



FOR

- STATE

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

BURIAL 1/17/1980 24 FUDONALDIAM. STEIN HEBREW MEMORIAL FUNERAL HOME 250 PARECE DHMH-16 20M 232 CARROLL STREET. N.W. WASHINGTON, D. C. (VRA 15, 4) 7/7B

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I

2h HOUR

IF UNDER 24 NO HOURS.

YES [

COUNTY STATE

22c DATE SIGNED

COUNTY

STAFF

REG. NO

MONTH

YRS

1980

IF UNDER LYEAR

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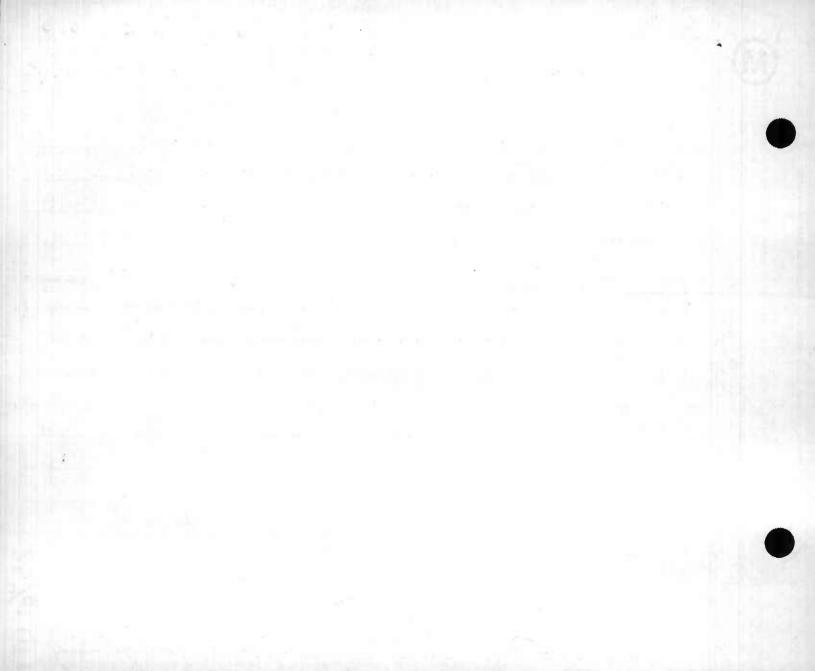
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LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

	1			STATE OF A	AARYLAND			Mark Texas
	1.	FOR STATE REGISTRAR	DE	PARTMENT OF HEALTI CERTIFICAT	H AND MENTAL HYG E OF DEATH	REG. NO	020	5 5
noy be page 3		CEASED NAME RUTH	BMIDDLE	Kasac	zun	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR 5:30 AM
44	3. SE	Female	Caucasio V	5. DATE OF BIRT	TH DAY YEAR A O	6. AGE (IN YEARS LAST BIRT)	MONTHS DAY	YS HOURS MIN
Security of Securi		Baltimore, MD	16 CITIZEN OF WHAT COU	MARRIED WIDOWED		9. BALTIMORE CITY OF	COUNTY OF DEATH	MD
by the filled with	1	Wheaton	11. NAME OF HOSPITAL, N LIE NOT IN SUCH FACILITY, GIM	STREET ADDRESS	HER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	F WORKING LIFE) INDUSTR	O OF BUSINESS OR RY
vin 24 haur ly filled in should be in	130		ROTHER INSTITUTION, GIVE RESIDENCY NTY 130. CITY OF	er Spring YES		130 STREET ADDRESS	oknell Dr.	
maker ted with ted with and 2 and 2		Robert	MIDDLE Sing	51	OTHER'S MAIDEN NA	MIDDLE	K	ellom
be exected an and s. Pages		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GIV	CAMAD OD DATECT	13-8170 17 IN	VFORMANT .	ADDRE		
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STOP eath reading on, a		Conditions, if any, which	DUE TO, OR AS A CON	SEQUENCE OF CO.	ncer			
es that the d ned by the ai please remoi		cause (a), stating the underlying cause last	DUE TO, OR AS A CON	SEQUENCE OF				
	NOI	PART 2. OTHER SIGNIFICANT						57.1451.3
The law re cian. It has been sit permit. It given prior.	CERTIFICATION	19a DATE OF OPERATION		vhich operation wa		YES NO	20b. IF YES, WERE FINI IN CERTIFYING CAUS YES	SES OF DEATH?
SICIAN: Og physical certifical and item 18	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	1 P.M.	H DAY YEAR	HOW INJURY OCCUR	RED (ENTER NATURE OF INDUR	RY IN ITEM 18, PART 1 OR PART 2	2)
DIVISION or attendia After this se as the bu	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,		LOCATION STREET	CITY OR TOW	VN COUNTY	STATE
TTEN TTEN TOR: Tor us of He		22a. I certify that (I) (this hasp saw the deceased alive or abave, (I) (we) (did) (did no			t in (my) (aur) apinian	death accurred on the do	ate and hour and from t	
OR DEP	1	Myrou	& der	when N		MEDICAL STAF	F _	TE SIGNED
TO HOSPITAL retained by to TO FUNERAL should be defined with the State IMPORTANT:		226. PHY AN'S NAME (TYPE O	OR PRINT)	22e	ADDRESS			
3 2 p 9		BURIAL, CREMATION, REMOVAL SPECIFY) Removal	1-25-60	23¢ NAME OF CEMET		23d. LOCATION CITY OR TOWN	COUNTY	STATE
DHMH - 16 50M 7/77 (VR A 15 (4))	24. F	UNERAL DIRECTOR NAME Anatomy Board	Balto	ess Md.		N 2 9 1980	DE REGISTRAR'S SIGN	Buch

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STATE OF MARYLAND

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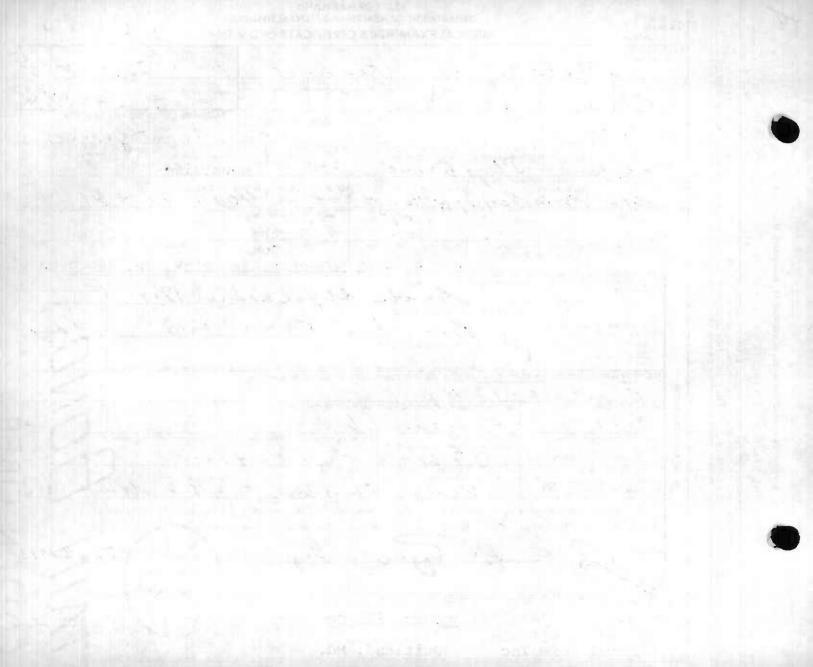
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH-REGISTRAR REG. NO L DECEASED NAME OF ESTI-DEATH MATED 2a. DATE (TYPE OR PRINT) SEX 4 RACE IF LINDER 24 HRS DATE LAST SIRTHDAY) PRONOUNCED DEAD PRESTON 1897 82 YRS Feb. 1.8 9. BALTIMORE CITY OR 7a. BIRTHPLACE 7b. CITIZEN OF WHAT COUNTRY? MARRIED DNEVER MARRIED FOREIGN COUNTRY USA Washington DC DIVORCED WIDOWED umer > FILED, ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY SUCH FACILITY, GIVE STREET ADDRESS) Housewife RECORDS IF IN NUMSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION SHOULD 3a. STATE 138. INSIDE CITY LIMITS? 13e. STREET ADDRESS YES-TO NO [VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE LAST Cole John Ward Bertha OE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 166 SOCIAL SECURITY NO Son DIVISION PAGES (IF YES, GIVE WAR OR DATES) Same 68 as Robert Kendrick. CAUSE OF DEATH (Enter only one cause per line for (a), (b) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY HYGIENE, IMMEDIATE CAUSE Conditions, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19g, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL YES [21g. EXTERNAL CAUSE WAS HOUR A.M. MONTH DAY OR UNDERLYING 0 MEDICAL CONTRIBUTING CAUSE OF DEATH 19 7 21d. INJURY OCCURRED 21e, PLACE OF INJURY (ATHOME 21f. LOCATION NOT WHILE AT WORK AT WORK Inspection 2 22a. I certify that I took charge of the remains described obove, held an Autopsy ond in my opinion death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner TITLE & SPECIFY DEATH, SIGNATURE BALTIMORE SHE'S NAME AFTER I OR PRINT **ADDRESS** 0 23a.BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE Burial 7Jan1980 Cedar Hill Cemetery Suitland Maryland 24 FUNERAL DIRECTOR E. Wilhelmoress 25a. DATE REC'D. BY REGISTRAR, 25b. REGISTRAR'S SIGNATURE **DHMH - 17** VR A15 ME (5)) Funeral Home Inc Suitland, Md. 30M 7/73



(VRA 15, 4) 1/79

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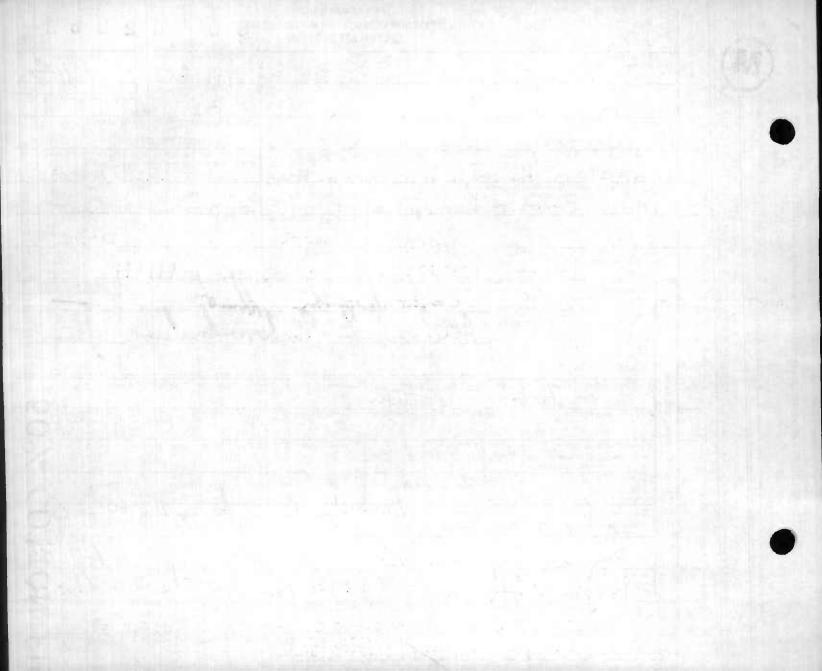
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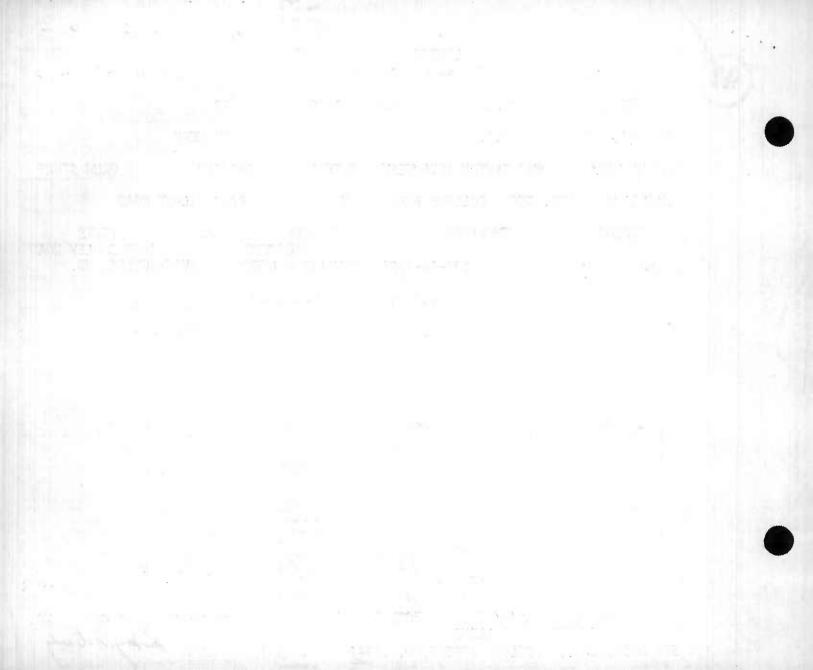
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equires that the death certificate signed by the attending physician please remove carbon papers. I burial, cremation, or removal: injury, or other traumatic event.		4/40 Conditions, if any, which	DUE TO, (ACUTE S		nary edema			1	ly
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AAL He he rack		Thomas 2.		Mon, mo			MEDICAL STA	FF CIAN []	1-2	SIGNED 5-80
TO HOSPITAL ON A I retained by the hospital TO FUNERAL DIREC should be detached for with the State Dept. of IMPORTANT: If I term		THOMAS G. S	INDERS	am, cos		11125 ROCKU	ILLE PIKE,	Rocki	JILLE,	Md. 20
BP		Burial Burial				emetery or crematory	23d LOCATION CITY OF TOWN Falls	hurch,		
DHMH-16 25M (VRA 15, 4) 1/79	24. FU	NAME Olin L. Mo	leswor	th, Damas	us ,		N 2 9 1980	250. REGISTR	AR'S SIGNAT	Creader

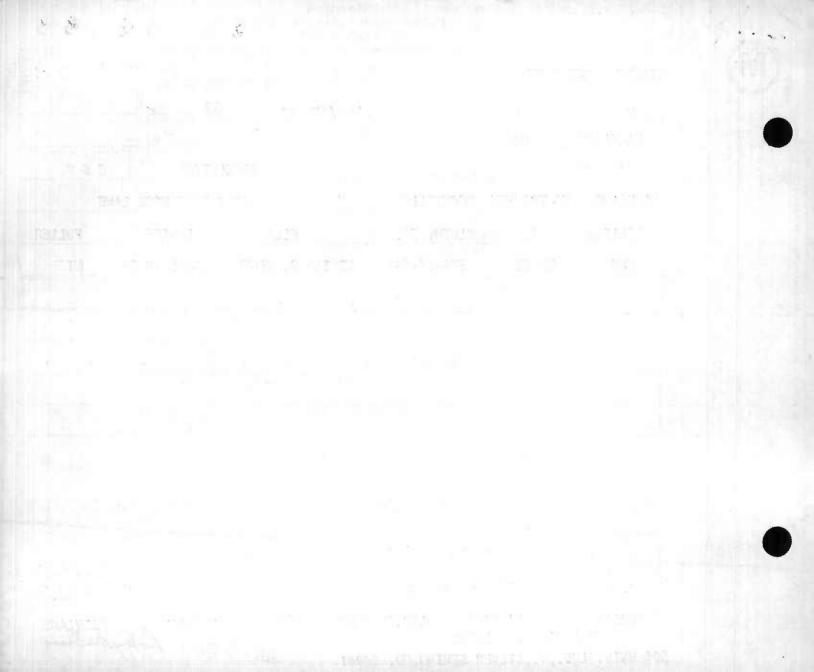
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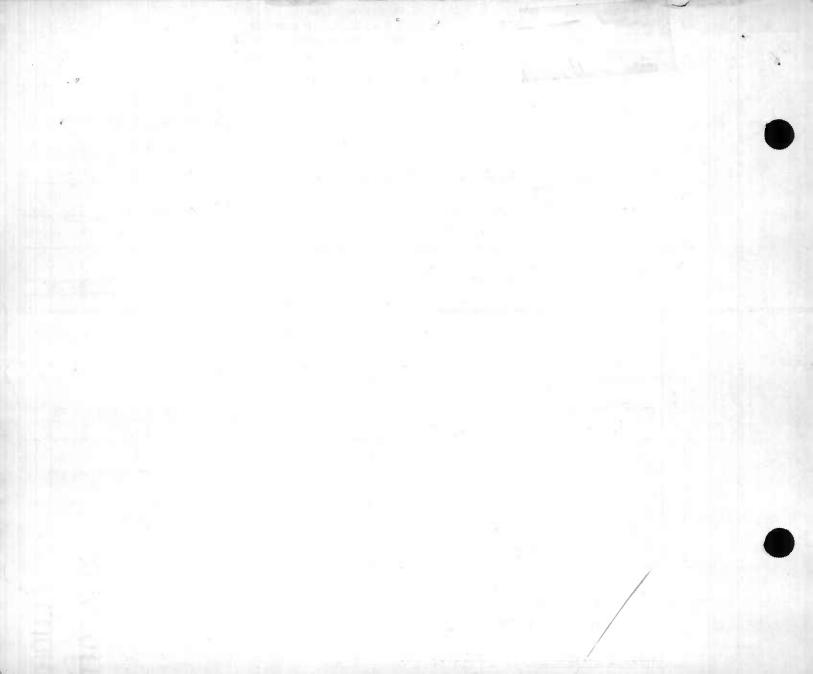
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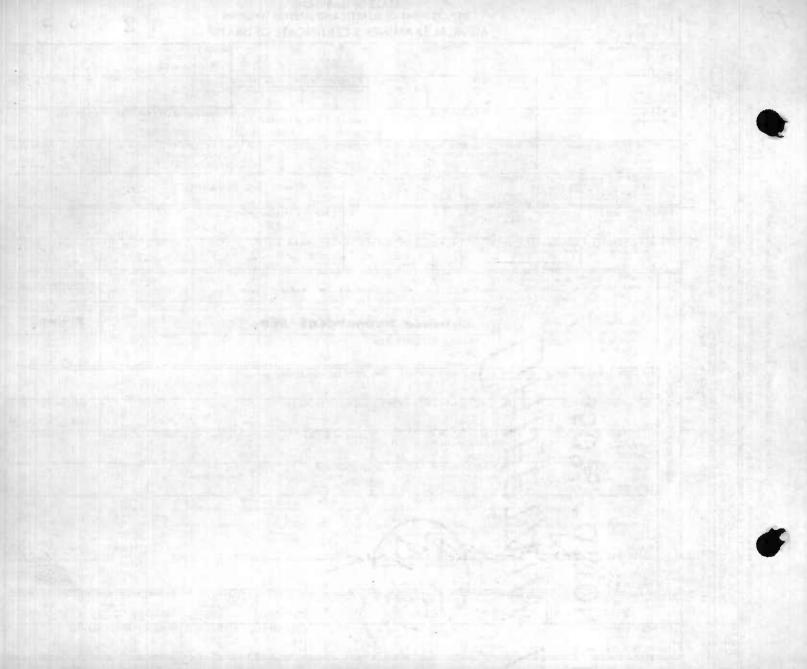




	1.	FOR STATE	DEPA	TMENT OF	IE OF MARYLAND HEALTH AND MENTAL HYC FICATE OF DEATH	DIENE 8 U O	2064
be 3		REGISTRAR CEASED NAME E OR PRINT) Star	MP MWA:) Ko	LAST	REG. NO. 26. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
moy be poge	3. SE		1 RACE	5 DATE	OF BIRTH	& AGE (IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR IF UNDER 24 H
ge 4		Male	White	MONT 4	DAY YEAR	60 YRS	MONTHS DAYS HOURS M
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24 hou suid be must be	USU 130.	AL RESIDENCE (IF NURSING HOME OF STATE 13b COUN Md.	OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION	134 INSIDE CITY LIMITS?	130. STREET ADDRESS 4407 Randolph	
mpletely ond 2 showing	14. F/	ATHER'S NAME	MIDOLE LAST		15 MOTHER'S MAIDEN NA		LAST
itate be execute hysician and coi papers. Pages 1 ovol. ent, the medical		NAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV YES WW.	WAR OR DATES)		17 INFORMANT	ADDRESS	
equires that the death certificat in signed by the attending physis. Then please remove carbon pap to burial, cremation, or removal injury, or other traumatic event, i	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSECT (b) STORY DUE TO, OR AS A CONSECT (c) ANC	OUENCE OF	concer turos	ASS T	N T YEAR
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TO HOSPITAL Considered by the hospital Street DIRECTO FUNERAL DIRECTOR Should be detached with the State Dept IMPORTANT: If hem			PAK MD		5454 WITCH	NIN MR. Chary.	clars and 201
F 2 1 1 7 2	230 E	BURIAL, CREMATION, REMOVAL SPECIFY)		NAME OF	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
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	1.	FOR STATE			EPARTMENT OF	HEALTH		17.7	17	0 2	0 6	3
		REGISTRAR		WEI	DICAL EXAMIN	IER'S	CERTIFICAT	E OF DE	ATH REC	G. NO.	, ,	
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NY DELAY IS NE ID 3 TO THE FU TAIN PAGE 5 ULD BIL RIED CORDS 301 W	10. C	Olney	OF DEATH	(IF NOT IN SUCH FAC	PITAL, NURSING HOM HITY, GIVE STREET ADDRESS) ETY General	, OR OTH	ER INSTITUTION	12a. USI	UAL OCCUPATION MOST OF WORKING LIFE	TYPE OF WOR	OR INDUS	TRY
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TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, WPAGE 4 SHOULD BE FORW, TO FUNERAL DIRECTOR: PAAFTER DEATH, WITH THE STABATTIMORE, MARYLAND, 2120		22a. I certif death resulte		17777	ribed abave, held on Accident , Su	Autop	sy , Inspect, Hamicide TITLE (SPECIF)		Inquiry ,	ond in my	apinian	
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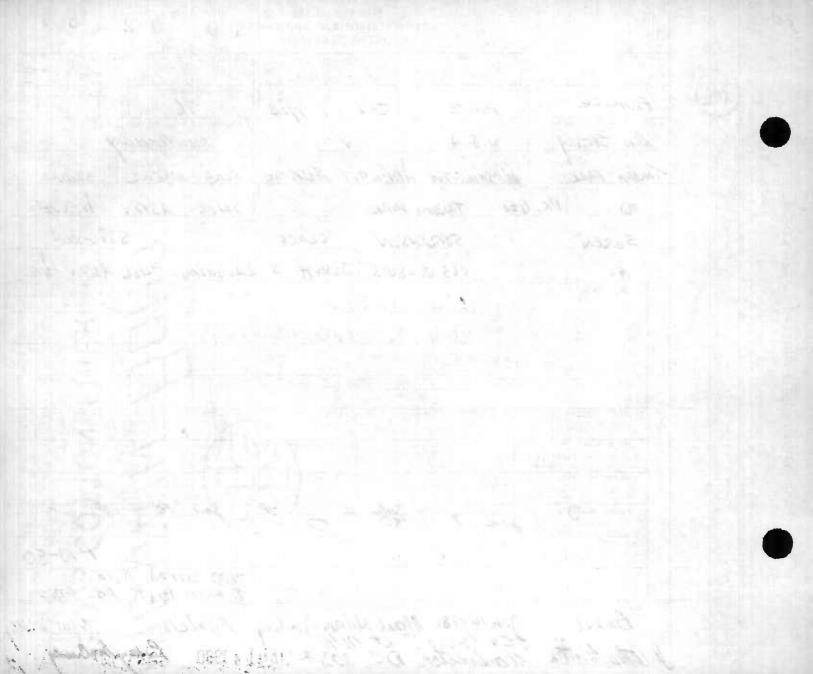
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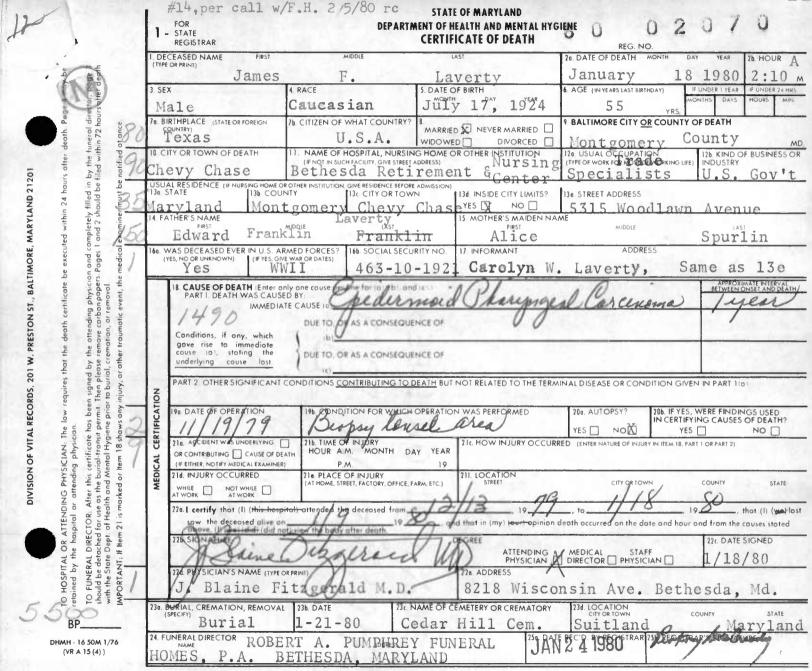
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a. DATE OF DEATH 1. DECEASED NAME 2h HOUR (TYPE OR PRINT) page 3 Pauline LANNIER January 20 Laura 1980 4 RACE A AGE LIN YEARS LAST BIRTHDAY 3. SEX 5. DATE OF BIRTH IF UNDER I YEAR MONTH April 25 1927 Female Caucasian To BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th. CITIZEN OF WHAT COUNTRY MARRIED & NEVER MARRIED USA Maine Montgomert County WIDOWED DIVORCED IN CITY OR TOWN OF DEATH 1 L. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
National Naval Medical Cente (TYPE OF WORK FOR MOST OF WORKING LIFE)
Housewife Bethesda At Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Woodbridge 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS filled ould b Virginia Prince 13505 Kim Court 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST Smith Griffeth leonard Edith 166 SOCIAL SECURITY NO. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) LIE YES GIVE WAR OR DATES 007-26-7709 Delbert D. Lannier SAA No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Breast Cancer IMMEDIATE CAUSE ID DUE TO OR AS A CONSEQUENCE OF traum Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 0 prior 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES NO F nd Mental Hygie 21a ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Hem MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21e PLACE OF INJURY morked or 21d INJURY OCCURRED (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK 22a. I certify that (1) (this hospital) attended the deceased from_ 21 is hospitol _, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated DIRECTO above, (1) (we) (did) (did not) view the body after death TO FUNERAL DIRECT Should be detached with the State Dept. 221 DATE SIGNED 22h, SIGNATURE DEGREE the MPORTANT: IF ATTENDING MEDICAL 20Jan80 PHYSICIAN | DIRECTOR PHYSICIANX 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS M.J. Duran MD National Naval Medical Center 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE STATE 1-24-80 Arlington National Arlington Burial BP 250. DATE REC'D BY DECISIRAR 251 PEC 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 TUNNINGHAM-MOUNTCOSTIE WOODBRIDGE, (VR A 15 (4))

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FOR

DHMH - 16 50M 1/76 (VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1980

IF TINDER LYEAR

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BALTIMORE CITY OR COUNTY OF DEATH

Montgomery County

126 KIND OF BUSINESS Hoysewife working life Own Home

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PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

COUNTY

STATE

22c. DATE SIGNED

Clinical Center, Bethesda, Md. 20205

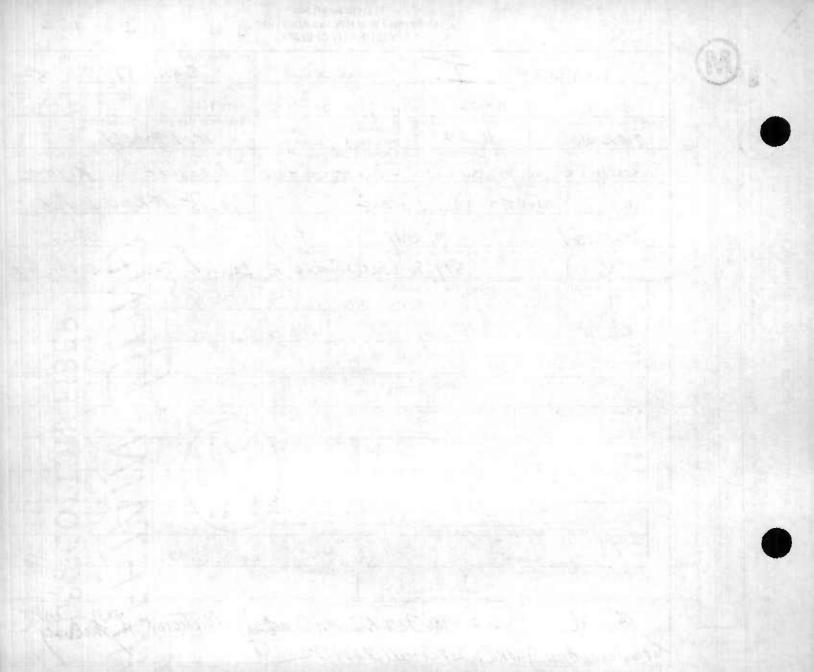
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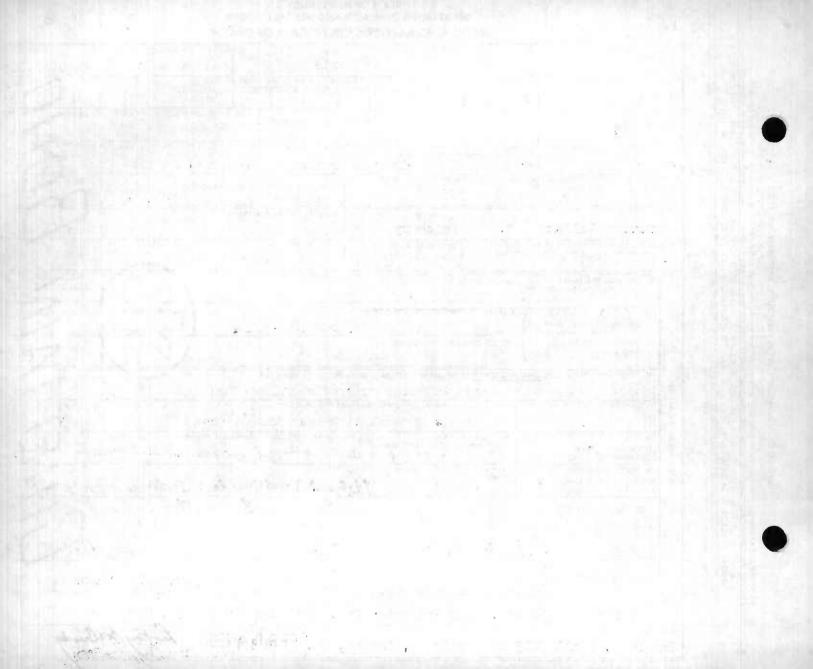
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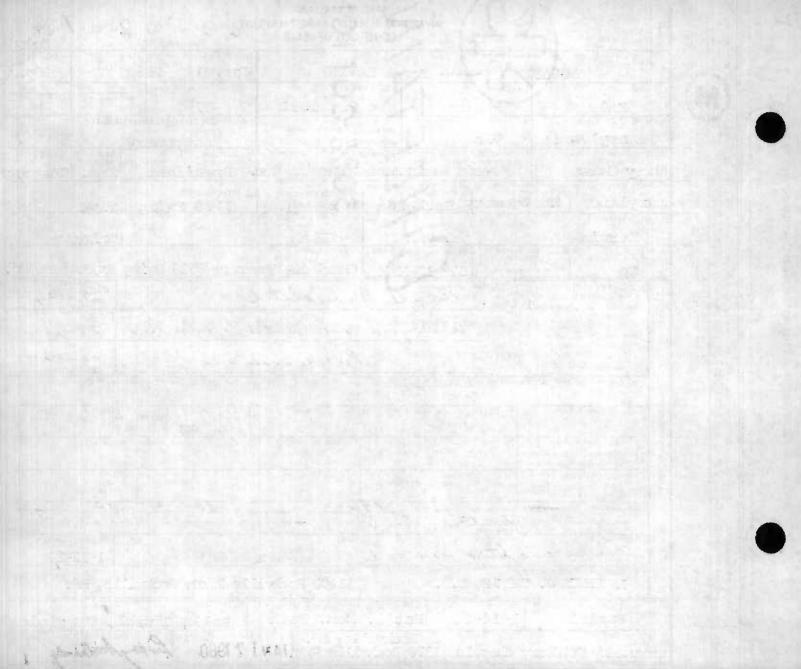
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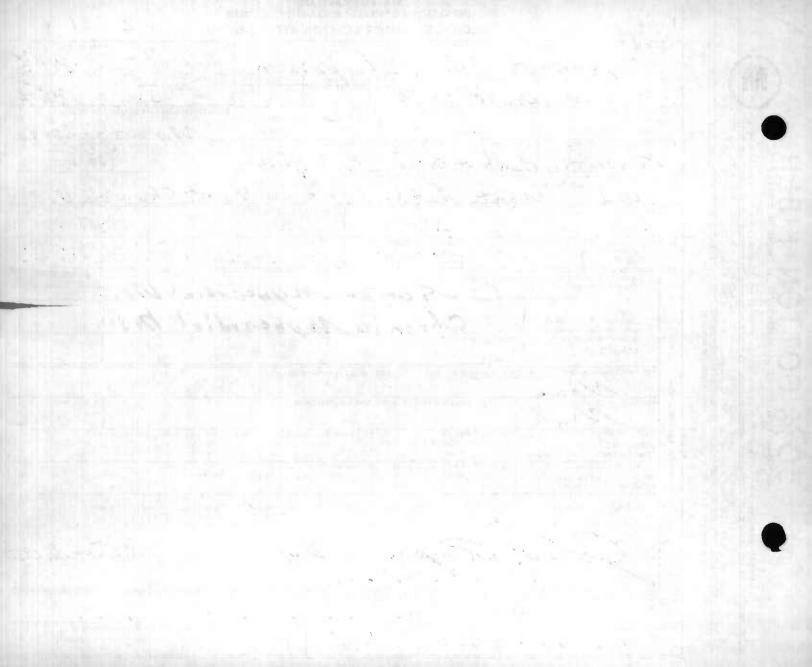
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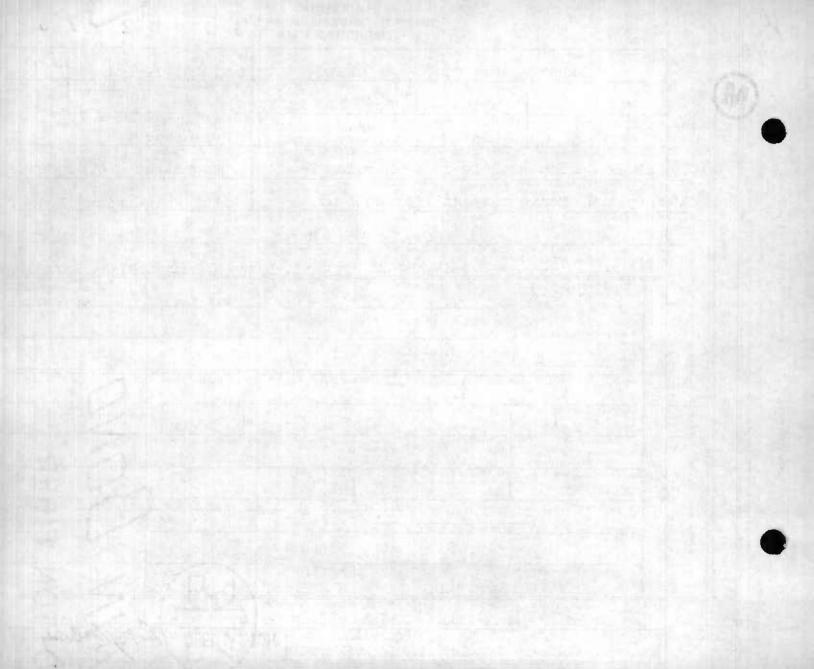
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12/		I.	tems 7a,7b g540			E OF MARYLAND		0 0	7	6
(NO		1.	STATE REGISTRAR	DEPA		EALTH AND MENTAL HY ICATE OF DEATH	0 0	UZ	0 /	0
N. Van	A.		CEASED NAME FIRST	MIDDLE		AST	REG. N	MONTH DAY	YEAR 2	h. HOUR
ne ne	V	(TYPE	HARVEY		L	EWIS, JR)	01 09	80	1953
1	1	3 SE		RACE	5 DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY] IF UN	NDER I YEAR	IF UNDER 24 HR
and the same		1	male	Black	MONTH O <	5 23 50	29	YRS.	1	HOURS
hour the	12	7a. B!	RTHPLACE (STATE OR FOREIGN 7/	CITIZEN OF WHAT COUNT	RY? 8	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF	DEATH	
	U		.C.	USA	WIDOWE	D DNORCED	30 1	ry Cou	ntv.	
48	35	1	25411115	1. NAME OF HOSPITAL, NU (# NOT IN SUCH FACILITY, GIVE S' SHADY GROUE		1 1 - 1	12a USUAL OCCUPATION OF WORK FOR MOST OF THE PT.	F WORKING LIFE) IN	23. KIND OF I NOUSTRY	BUSINESS
22 E.		USU,	AL RESIDENCE (# NURSING HOME OR O	THER INSTITUTION, GIVE RESIDENCE B	EFORE ADMISSION				0200	7
報 影	5		MD, MOL		ERSBAN	YES P NO	130 STREET ADDRESS	PURHI	LL DI	RIVE
sho		14 FA	THER'S NAME FIRST MI			15. MOTHER'S MAIDEN N	AME			
ompler and 2	50		HARVEY I	DDLE LEWI	S, 5R	GLORIA	GAYLOR MIDDLE		LAST	
0 - E	1		VAS DECEASED EVER IN U.S. ARM		ECURITY NO.	17 INFORMANT	ADDRE	:SS		
Pages t, the r		,	res, no or unknown) (if yes, give w	400 0 00	scen2a	Gwendolyn	Taula Wife	Come	0 = 40	
ysiciar pers. P oval. event,	1		IS CAUSE OF DEATH (Enter only		andicu	OWE HUTO LYII	TIEM TRANSFER	Same	APPROXIMA BETWEEN ON	ME INVERVAL
		-	PART I. DEATH WAS CAUSED	BY / D. V.	11 (most - as	no toler.		BETWEEN ON	SEI AND DEA
ending ph carbon pa on, or rem traumatic			IMMEDIATE	CAUSE (a)	100	2 - 20 1701	0.			
	١.		1170	DUE TO, OR AS A CONSE	QUENCE OF	Delle - Par	a. maker	2		
the at emove remati other			Conditions, if any, which gove rise to immediate	(b) Allugar	juc ,	- grand con	en l'osci			
by the rem			cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	QUENCE OF					
igned in pleas burial	- 1			(c)						
n sign to b to b y inj		Z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN	PART I(a)	
t. Th	\dashv	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	NI WAS BEREORISE	20g AUTOPSY?	206. IF YES, WE	DE EINIDING	C 11055
e has ene p	2	FIC	THE DATE OF OFERATION	176 CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	_ 4	IN CERTIFYING	G CAUSES OF	F DEATH?
ygi ygi	34	ERT	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		131-110-1111-111-111-111-111-111-111-111	YES NO	YES [NO 🗌
trans tral H Item	71		OR CONTRIBUTING CAUSE OF DEATH		DAY YEAR	ZIC HOW INJURY OCCU	RRED (ENTER NATURE OF INJUI	Y IN ITEM 18, PART 1 C	OR PART 2)	
nis cert rial-tra Aental or Iter	-	CA	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19					
After the builth and N	- 1	MEDICAL	21d INJURY OCCURRED	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	vn c	OUNTY	STATE
Aft s the th a		-	AT WORK AT WORK							
OR: Ise a Heal			22a.1 certify that (1) (this hospita	l) attended the deceased fro	m		, to	. 19	, the	at (I) (we)
of of			saw the deceosed alive an bove, (I) (we) (did) (did not)	view the hady ofter death	9, an	d that in (my) (our) apinion	n death accurred on the de	ate and hour and	I from the co	uses stated
DIRECT hed for u Dept. of H			THE SIGNATURE O	New me oddy oner deam.		DEGREE	DED.		224 DATE SK	GNED
AL tac te [4	W	Arable (1. trito	ann).	1	ATTENDING PHYSICIAN	MEDICAL STAI	FIAND	1/9/	27
			224 PHYSICIAN'S NAME (TYPE OR P	RIMT)	11	12. ADDRESS	DIRECTOR OF THIS	1	11	00
ould be de th the Stat		(TREROH	A FOR	NA	CHANGE COO.	IE ASIGNIT	Haco	TAT	
Show With	-	72. D	URIAL, CREMATION, REMOVAL	23b. DATE	2 , 147	27/10/014	C /VOVEN I	NOSPI	1110	
0		- (:	PECIFY)			EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUN	ATY	STATE
			Burial INERAL DIRECTOR	1/12/80	Harmon	ny Memoria	Landove		c do	
MH-16 25M	- 1		NAME			10111000	TE REC'D. BY REGISTRAR	DE REGISTRAR'S	SIGNATUR	da
VRA 15, 4) 1/79	1	10F	RROW & WOODFOR	RD Was	1D.	C . ITA	NI TO 1300	1		

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12	1	FOR	r	DEPARTMENT OF HEA	LTH AND MENTAL H	YGIENE	. 7 7 7
	11-	STATE REGISTRAR	MEI	DICAL EXAMINER	S CERTIFICATE O	FDEATH REG. NO.	0 1 1
		CEASED NAME FIRST		WIDDLE	LAST	20. DATE KNOWN DET, MONTH	H DAY YEAR ZE HOUR
H W	(TY	PE OR PRINT)	. +	.1	. 2 27 22	OF ESTI- DEATH MATED 77	2 9 10 CA 1124
STREE	3. SE	X 14 RACE	S DATE OF BIRTH	6. AGE (IN YEARS)	UNDER YR. IF UNDER	1	DAY YEAR 2d HOUR
		11/	MONTH DAY	YEAR LAST BIRTHDAY) A	ONTHS DAYS HOURS	MIN. PRONOUNCED TO DEAD	c cn 1128
ZZ	70 B	IRTHPLACE (STATE OR	76 CITIZEN OF WH	AL COUNTRY?		A BALTIMORE CITY OR COLL	NTY OF DEATH
FCESS WITHIN 72	FC	DREIGN COUNTRY)		M	ARRIED 🚇 NEVER MARRI	ED 🔲	THE OF BEATH
45.2		New Jersey	USA		OWED DIVORCE	1 1 1 1 1 1 1	Boner Y MD.
AV IS PAY IS PAY IS PAY IS PAY IS PAGE 3301 W	10. C	ITY OR TOWN OF DEATH,		PITAL, NURSING HOME, OR CILITY, GIVE STREET ADDRESS)	OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORL FOR MOST OF WORKING LIFE) Jeweler	Jewelry
30 a m 40		Kensington	Banko	t Dether le	Parlsing - 51	Jeweler	Jewelry
A A A		AL RESIDENCE (IF IN MERSING HOME OF	OR OTHER INSTITUTION, GIV ITY	VE RESIDENCE BEFORE ADMISSION)	1134. INSIDE CITY LIMITS?	13e STREET ADDRESS	
IF ANY E S, AND 3 3. RETAIN SHOULD I RECORI		mid 1	Monte	Batherd	13d. INSIDE CITY LIMITS? YES NO	2209 Chan	who Dv.
D. 2 H. IF 1 3. 2 SI 2 SI	14, F	ATHER'S NAME	MIDDLE		IS. MOTHER'S MAIDE	N NAME MIDDLE	1447
	0	Simon	MIDDLE	Lippman	Sadie	F	Baylinson
DE AN AN O	160.	WAS DECEASED EVER IN U.S. AR	MED FORCES?	166. SOCIAL SECURITY NO	17. INFORMANT		
BALTIM RS AFTE GIVE P WITH FC PAGES DIVISION		YES, NO, OR UNKNOWN) (IF YES, GIVE	war or dates)	158-09-3422	Lois M.	Lippman; 9209	chesda, Md. Chanute Dr.
BAL GF WITH PAC		18. CAUSE OF DEATH (Enter an		1			APPROXIMATE INTERVAL
288		PART I DEATH WAS CAUSE	D BY:	(a), (b), and (c).)	. 11	1-11.	BETWEEN ONSET AND DEATH
TON ST. 1 TEM 1 1 TEM 1 ALONG PERMIT		II A G IMMEDIA	TE CAUSE (o)	AS A CONSEQUENCE OF	a july	icras s ni	1
PRESTON VITHIN 24 CIL IN TER INER ALOF INER ALOF ANSIT PER MOVAL.		Canditians, if any, which	DUE TO, OR	AS A CONSEQUENCE OF		1-1/2	
W. PREST WITHIN MINER J TRANSIT NTAL HY		gave rise to immediate		Chronic	Myou	-27912 11/1S	
01 W. PRESTON ST UTED WITHIN 24 HC N PENOLL IN ITEM PRANINER ALONG RAL-TRANSIT PERMIT N MENTAL HYGIENE, OR REMOVAL.		cause (a) stating the <u>under</u> - lying couse lost.	DUE TO, OR	AS A CONSEQUENCE OF			
S	1		(c)				
	_	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL O	ISEASE OR CONDITION GIVEN IN PAI	T 1 (a).	
RECORI ULD BE E PENDIN EP AS A HEALTH CREMATI	MEDICAL CERTIFICATION	None					
	13	190. DATE OF OPERATION	19b. CONDIT	TION FOR WHICH OPERATIO	N WAS PERFORMED?		20. AUTOPSY?
VITAL VITAL VITAL SHO ORD ORD ORD IT OF RIAL, OF	4 팀	/ vone					YES NO XX
CATE HE WOLD B THE WILD B THEN O BUR	8	210. EXTERNAL CAUSE WAS	21b. TIME OF	MONTH DAY YEAR	c. HOW INJURY OCCURRE	D LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR	PART 2)
PEC OUT THE TO THE THE TO THE	1 3	UNDERLYING OR					
DIVISION OF VIT SCERTIFICATE SH THING THE WORR THE CE E 3 SHOULD BE E DEPARTMENT C PRIOR TO BURIAN TO BURI	EDIC	21d. INJURY OCCURRED	21e. PLACE C	OF INJURY (AT HOME, 21	LOCATION		
DIVIS THIS CER WRITING VARDED AGE 3 S ATE DEP	E	WHILE NOT WHILE AT WORK	STREET, FACT	TORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
DIVISION OF VITA DIVISION OF VITA F. THIS CERTIFICATE SHC F. WRITING THE WORD RWARDED TO THE CH F. PAGE 3 SHOULD BE U STATE DEPARTMENT OF							
		220. I certify that I taak charg	E	cribed abave, held an A	utopsy	Inquiry , and in my	opinion
AMINE TIFICA BE F. BE F. THI THI THI THI THI THI		death resulted fram: Natu	rol causes 🛂,	Accident , Suicide	, Hamicide ,	Undetermined manner,	
A W W W W W W W W W W W W W W W W W W W		ACTUAL /	0		TITLE (SPECIFY)	DAY	
AR HOUTH	-	SIGNATURE	101	agers	M.D. Dapv	MEDICAL EXAMINER SIG	NEDUZM. 7. 1980
MEDICA CUTE TH SE 4 SH FUNERA ER DEAT TIMORE,	7	EYAMMIED'S NIAME	JOHN S.	ROGERS, M.			
TO MEDICAL E EXECUTE THE PAGE 4 SHOU PAGE 4 SHOU PAGE 4 SHOULERAL I AFTER DEATH, I O I		(FIPE OR PRINT)	JOHN 5.	NOGERO, M.	ADDRESS		
APT PAET	23e. E	SPECIFY)		23c. NAME OF CEMETE	RY OR CREMATORY	23d. LOCATION	OUNTY STATE
BP	1	Burial	1-11-80	Wash. Hel	o. Cong. Ce	em. Washington,	D.C.
DHMH - 17	24. F	UNERAL DIRECTOR	ADDRESS	Rockville,	Md. 250. DATE F	REC'D. BY REGISTRAR 256. REGISTRAR"	SSIGNATURE
(VR A15 ME (5)) 30M 7/73	Da	enzansky-Goldber	cq Chapels	; 1170 Rockvi	lle Pike JAN	1 4 1980 Beating	11 Creaty





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(TAR)	1. DE	STATE REGISTRAR CEASED NAME	F#ST DO	NALD	MIDDLE G.	CERTIFIC . LAST	- MacIVER	REG.		Y YEAR	2b HO
death	(TYPE	CRPRINT)	nation		5	MA	CIVER		1-25	-80	Z50
fter da	3 SE		AF	4 RACE	V-348	5 DATE OF	BIRTH DAY YEAR	& AGE IN YEARS LAST I		FUNDER I YEAR	
directe	7a BI	Male	OBSIGN		ite WHAT COUNTRY?	Mar.	16 1904	75	YRS.	DE DEATH	
72 h		CANADA	OREIGN	U.S		MARRIED	DIVORCED		gomery	OF DEATH	
by the further st be noted.		or town of DEA ethesda	ATH	LIF NOT IN SUC	HOSPITAL, NURSIN HFACILITY, GIVE STREET DURBAN HO	ADDRESS)	OTHER INSTITUTION	12n USUAL OCCUPA ITYPE OF WORK FOR MOS Manager	TION TOF WORKING LIFE)	12h KIND (INDUSTRY Rests	Hot
illed in E	13a S	AL RESIDENCE IN NURS STATE Maryland	130 CON	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 136. CITY OR TOW Silver S	N 11	M. INSIDE CITY LIMITS?	13n STREET ADDRES	S		
shoul shoul	_	ATHER'S NAME		WODIE N	INTTAGE. 19		MOTHER'S MAIDEN N	8500 New	TEIMOSIA.	ire Av	
and 2		Neil			MacIver		Mary	Bella		Math	
ages 1 a			I F YES, GIVE	WAR OR DATES)	166 SOCIAL SECU		7 INFORMANT		RESS		
rs. Pa al. ent, t		Yes		1926	091-09-9		Margaret F	MacIver, Wi	fe. Sam	e as i	tem
physi paper emova ic ev		PART I DEATH W	M (Enter on VAS CAUSE	ly one couse per D BY	Cariba	1-relle	lums			BETWEEN	ONSET AN
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FUNERAL DIRECTOR: After this certificate has been signed by the att uid be detached for use as the burial-transit permit. Then please remove he state Dept. of Health and Mental Hygiene prior to burial, crematic ORTANT: If Item 21 is marked or Item 18 shows any injury, or other	WEDICAL MEDICAL	gove rise to imm couse 101, stolin underlying couse PART 2 OTMER SIGN CODO 190 DATE OF OPERA 210. ACCIDENT WAS UNIT OR CONTRIBUTING 21d INJURY OCCUR! WHITE AT WORK AT WORK 220. I certify that	mediate many the property of t	ONDITIONS COMPANY OF THE PRINT	R AS A CONSEQUE CONTRIBUTING TO E CONTRIBUTING TO	DEATH BUT NO DEATH BUT NO OPERATION AY YEAR 19 ARM, ETC.) DE NAME OF CEN	TRELATED TO THE TER SIMPLE WAS PERPORMED THE HOW INJURY OCCU THE LOCATION STREET THOSE IN (MY) JOUR) OPINIO GREE ATTENDING PHYSICIAN	MINAL DISEASE OR CO	206. IF YES JURY IN ITEM 18, PAR OWN AFF SICIAN OFF	WERE FINDING CAUSE: COUNTY 9 22c. DATI	NGS USES SOF DEA

r u nt I de la company n l juli to the state of th Allelia de la compresa del compresa della compresa Logonne mler's one inc. yo. ... Frankanian

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH DECEASED-NAME First Middle last 2g. DATE OF DEATH 2b. HOUR (Type or print) Month 3 | Day 8 OYear 8:33AN DOROTHY M. MADERT 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS IF UNDER 1 YEAR 6. AGE (In years last birthday) FEMALE WHITE OCT 25, 1905 7b. CITIZEN DF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED COUNTRY MARY LAND U. S. A. DIVORCED MONTGOMERY WIDOWED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR HILL NURSING HOME during mast of working life even if retired.) INDUSTRY 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 SILVER SPRING 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY 2002 BEEC HWOOD ROAD YES NO [14. FATHER'S NAME First Last IS MOTHER'S MAIDEN NAME First Middle GEORGE MADERT RUBY CHILDS 17. INFORMANT EXECUTOR 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 2412 FORDHAM PLACE (Yes no, or unknown) 217-42-2875 MARY J. EASTHAM MARY LAND APPROXIMATE INTERVAL HVATTSUTLIF 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY ardiopu IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF of uterus-Bram Canditians, if any, which gove rise ta immediate cause (a). DUE TO. OR AS A CONSEQUENCE Q stoting the underlying cause requires that PART 2. OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS, 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? NO 🗌 YES 🗔 21a. ACCIDENT WAS UNDERLYING [21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 2] e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 2]f LOCATION Street or R.F.D. No. State City or Town County While Not while at work , 1980, to___ 1-31, 19 80, that (We) last 22a. I certify tha (1) (this haspital) attended the deceased fram-_19 ____, and that in (my) (aur) opinion deoth accurred on the date and have and from the saw the deceased alive an_ causes stated abave, (1) (we) (did) (did nat) iew the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type 23c. NAME OF CEMETERY OR CREMATORY 23a. 8URIAL, CREMATION. 23b. DATE 23d. LOCATION City or Town (County) (Stote) BURTAL (Specify) MD. PRI GEO 2/4/80 CEDAR HILL SUTTLAND 2So. REC'D BY REGISTRAR 2Sb. REGISTOAR'S SIGNATURE 24. FUNERAL DIRECTOFRANCIS J. COLLINS DHMH - 16 3/72 25M 500 UNIV. BLVD. W. SILVER SPRING. MD. @0901 1980 (VR A15 (4))

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			STATE OF MARYLAND		
	FOR STATE	DI	PARTMENT OF HEALTH AND MENTAL HY	GIENE	1 3 2
	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
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ed to	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	NURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
201 rs offer filed the	ROCKVILLE		VE STREET ADDRESS) TURSING HOME	RETIRED SALES	SALES
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DR AT hosp ched f bept.	72b. SIGNATURE	a not) view the body offer death	DEGREE		22c. DATE SIGNED
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(VR A 15 (4))	ROBERT A. PUM	PHREY FUNERAL HO	DMES P/A MD. 4	7000	1.11

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102	by the fulled with	51	VER SPRING	11. NAME OF HOSPITAL, N I (IF NOT IN SUCH FACILITY, GIVE ARRIAGE	FILE E.	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W HOUSE WIT	VORKING LIFE)	126. KIND O INDUSTRY	Home
AND 213	n 24 hou filled in hould be	13a S	D.C.	ITY I3t. CITY O		13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 4439 BRAI	UPYW1.	NE S	7.N.W.
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BALTIMORE, MARYLAND 2120	be execut an and co s. Pages 1	16a W	AS DECEASED EVER IN U.S. ARI ES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES	0-9927	Mrs Thornton	M. Jordon	Rd., Mo Dtr. 8	360 G	
7	rtificate g physicic an paper: emaval.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT	ly one couse per line for (0), D BY: E CAUSE (0)	(b), and (c)	chres	l		DETWEEN O	MATE INTERVAL ONSET AND DEATH
ESTON	e death ce attending nave carb iatian, ar r fraumatic		Conditions, if ony, which	DUE TO, OR AS A CON	SEQUENCE OF	heart face	lure		241	ers.
1 W. PR	that the d by the lease remial, cremo		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO OR AS A CON	SEQUENCE OF	Cardier	essalo El	elen	yed	re.
, RDS, 20	equires in signe Then pl rr ta bur injury, t	NOI	PART 2. OTHER SIGNIFICANT	CONDITIONS COMMIBUTION	G TO DEATH BUT	NOT RELATED TO THE TERM	4			
AL RECC	The law reign.	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR V	WHICH OPERATIO		YES NOT	20b. IF YES, W IN CERTIFYIN YES	G CAUSES	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	HYSICIAN: The ding physicial physician physici	1 1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONT	H DAY YEAR	12.00	RED JENTER NATURE OF INJURY I	N ITEM 18, PART 1	ORPART 2}	
DIVISION	ING PHY ir attending After this is as the builth and M	MEDICAL	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, (0.	211 LOCATION STREET	CITY OR TOWN		COUNTY	STATE
	TTEND pital of prival of tar use of Heo		220. I certify that () (this hospit sow the deceased alive on above (I) (we) (did) (did no		19 79,0	nd that in (my) (our) opinion	death accurred on the date	ond hour or		
	ral OR A y the hos y the hos tal DIREC detached are Dept.	1	276. SIGNATURE	Coleman		DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIA	'N 🗆	22c. DATE	0/80
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		23a. B	URIAL, CREMATION, REMOVAL	236. DATE		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COL	UNTY	STATE
	BP	24 51	Burial	1/23/1980		n Memorial Pa	Rockville E REC'D. BY REGISTRAR 25			d.
	DHMH - 16 50M 7/77 (VR A 15 (4))	24. 10	NERAL DIRECTOR Joseph	Now Wash	D.C.	JÂ		Lista	hal	ONL

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DHMH-16 20M

(VRA 15, 4) 7/78

REGISTRAR

Restaurant 3413 Fessenden Street, N. W. Portulos Silver Spring, 1502 Timberline Rd.. Md APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES | NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED DIRECTOR PHYSICIAN 1111 Spring St., Silver Spring, Maryland Gate of Heaven Cemetery Silver Spring, Montgomery, Md. 24 FUNERAL DIRECTOR JOSEPH Gawler's Sons, 5130 Wisconsin Avenue, N. W. ADDRESS Inc. 25a DATE REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 5130 Wisconsin Avenue, N.C. Washington, D. C.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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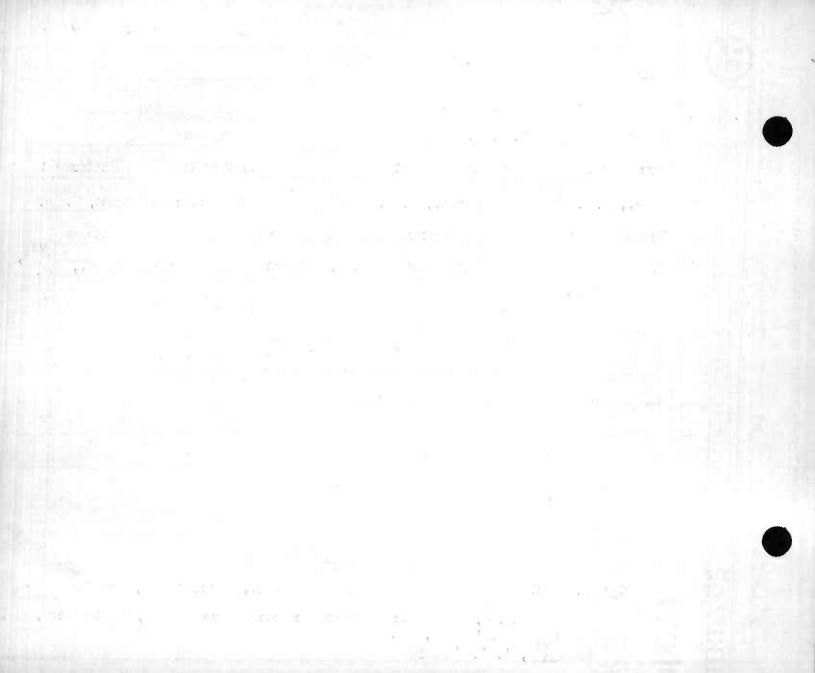
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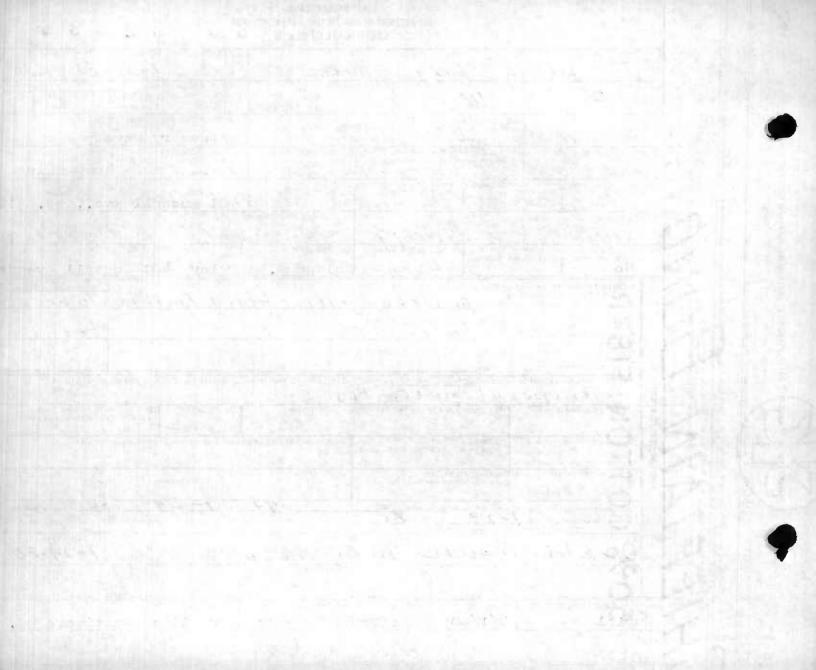
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12b. KIND OF BUSINESS OR

IF UNDER 24 HRS



	1	CHI PANI DEST		STATE OF MARYLAND		
	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE U REG. NO	0 2 0 8 5
	1. DEC	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
*60		LORETT		MARKLEY		1-29-80 11,30 M
ractor, p	3. SE	FEMALE	WHITE	5. DATE OF BIRTH MONTH DAY YEAR 1 - 25 - 1900	6. AGE IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR MONTHS DAYS HOURS MIN YRS
前的	70. Bt	RTHPLACE ISTATE OR FOREIGN 71	LISIA.	? 8 MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	Montgomer	r County OF DEATH y County MD
學有	10. CI	1. (-1.		ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF	ON 126 KIND OF BUSINESS OR INDUSTRY
should be new that the new three thr	USU	AL RESIDENCE (IF NURSING HOME OR O STATE 136 COUNT	THER INSTITUTION, GIVE RESIDENCE BEFORE Y 130 CITY OR TO	DRE ADMISSION)	13e STREET ADDRESS	ell Ave.,Apt. 31
ond 2 sh	14 FA	41.	DDIE NEURO	15. MOTHER'S MAIDEN NA	MIDDLE	LAST LAST
5		WALTIN VAS DECEASED EVER IN U.S. ARM			ADDRE	WIRTZBERGER
Poges medico	0	(IF YES, GIVE V	VAR OR DATES) 216-09	-634-BRoland E. I	Markley 4	01 Russell Avenu
emove corbonpoper motion, or removal. r troumotic event, th		18. CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse lol, stofting the	DUE TO, OR AS A CONSEQ (b) H-C	Congestive House Or D. D.	edut Fac	1 uve 15 hours Yeding
injury, or othe	NOI	underlying cause last.	ral arte	DEATH BUT NOT RELATED TO THE TERM	MIN AL DISEASE OR CONI	DITION GIVEN IN PART 1(0)
it permit.	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
S certificate buriol-tronsit Mental Hygie or Item 18 sho		210. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH P.M.	DAY YEAR 19	RED (ENTER NATURE OF INJUR	IY IN ITEM 18, PART 1 OR PART 2)
s the buri	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.) 211 LOCATION STREET	CITY OR TOW	VN COUNTY STATE
for use of Health		220 i certify that (I) (this hospital sow the deceased alive an above, (I) (we) (did) (and not)	1-28 199	BO, and that in (my) (our) opinion	deoth occurred on the de	19 0 , that (1) (me) lost one and hour and from the couses stated
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TO FUNERAL should be dep with the Stote		22d PHYSICIAN'S NAME (TYPE ORF	PRINT)	22e ADDRESS		
6 60M 1/73	B	SURIAL, CREMATION, REMOVAL SPECIFY) UPIAL UNERAL DIRECTOR	2/1/80 P	NAME OF CEMETERY OR CREMATORY arkwood Cemeter		e Baltimore Md.
15 (4))	6	ASSAHN F.X	- 740/ B	ELAIR PO 2128 B1	1980	May Malhardy



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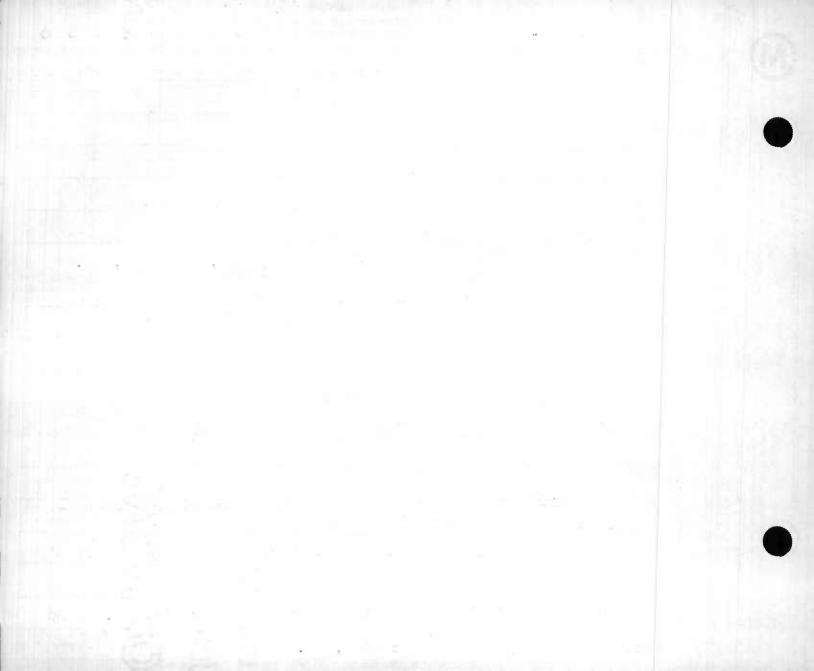
250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNAPAIRE

24. FUNERAL DIRECTOR

Eichhorn Funeral Home "

DHMH-16 20M

(VRA 15, 4) 7/78



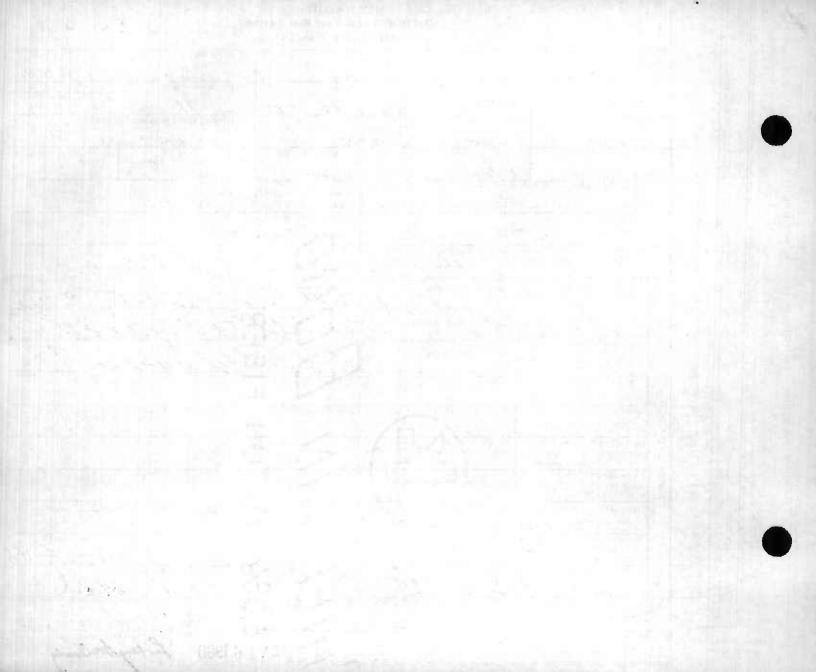
3		STATE	OF MARYLAND		
3 8	FOR 1 - STATE		ALTH AND MENTAL HYGI	ENE ROOM	2087
8	REGISTRAR	CERTIFI	CATE OF DEATH	REG. NO.	2001
	I. DECEASED NAME	WIDDLE	ST	IR. DATE OF DEATH MONTH	AY YEAR 25 HOUR
2 2 TEN 3	Roy	Edward /	1arth	01-04-80	0949m
m m	3. SEX	RACE S DATE O	F BIRTH YEAR		IF UNDER I YEAR IF UNDER 24 HRS
9 ege 12	m	W 09	4 14	COS YRS.	NOVA INC.
Pour di	78. BIRTHPLACE (STATE OR FOREIGN 76 COUNTRY)	CITIZEN OF WHAT COUNTRY?	NEVER MARRIED	BATIMORE CITY OR COUNTY	OF DEATH
9 50 4	MARYLAND	USH WIDOWE	DNORCED	Montgome	rcy MD.
s after the safter	10 CITY OR TOWN OF DEATH	. NAME OF HOSPITAL, NURSING HOME O	ROTHER INSTITUTION	17R USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	INDUSTRY
The section of the se	Rockville	Shady GROVE 1	+dventist	RETIRED	WELDER
See in 24 h	USUAL RESIDENCE (# NURSING HOME OR OTH	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN	134. INSIDE CITY LIMITS?	13r STREET ADDRESS	
A if the state of		GOMERY ROCKVILLE	YES 🗗 NO	903 GILBERT RD	
d will	14 FATHER'S NAME FIRST MIDE	DLE LAST	15. MOTHER'S MAIDEN NAM FIRST	MIDDLE	LAST
xecute xecute		ORGE MARTH	ADA		CARTER
MORE be exe	161. WAS DECEASED EVER IN U.S. ARMEI (YES, NO OR UNKNOWN) (IF YES, GIVE WA	AR OR DATES)	17 INFORMANT	ADDRESS	
TIM ian a	NO	213-01-8737	ANITA L. MAR	TH (SAME AS 13e)	
physicia papers.	18 CAUSE OF DEATH (Enter only of PART I, DEATH WAS CAUSED B	one cause per line for (a), (b), and (c).	, /	1	BETWEEN ONSET AND DEATH
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PHYSIC ng physic this cert urral-tra	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19	1000		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2 to the state of the state o	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME: STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
E . C . C	220.1 certify that (1) (this haspital)	attended the deceased from	ov. 2619 54	10 Jan 4	19 60, that (1) (we) lost
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ALON ATTE	276. SIGNATURE	0	PEGREE		27c. DATE SIGNED
TAL TAL SAL Sate letac	Stephen (romwell MD	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1-4-80
OSPI ad by INEF	224 PHYSICIAN'S NAME (TYPE OR PR	(ITI)	220 ADDRESS 6 15 4	. Montgomery 1	Ave
TO HOSPITAL Oretained by the his TO FUNERAL DI should be detache with the State De IMPORTANT: If	Stephen C	Cromwell, M.D	Kocker	the, Md So	40
1141			METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
//0/BP	BURIAL	1-7-80 FOREST C	AK CEMETERY	GAITHERSBURG M	ONTG. MARYLAND
DHMH-16 25M	24 FUNERAL DIRECTOR		OCKVILLE 250. DATE	REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE
(VRA 15, 4) 1/79	ROBERT A. PUMPHREY	FUNERAL HOMES P/A	MD.	JAN 1 0 1980 /	rest-wall hard many

ANYTHID FOR X SALIVADOR WHITE DOS GRAINER HD. RIS-01-0737 ANTEN L. NAMER (SAME AS 13c) DESTALL OF THE PRINTING TATEFUL TATEFUL MARKET MARKET. AND REPORT FOR THE PARTY AND REPORT FOR THE PARTY AND RESIDENCE OF THE PART

128	1.	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTA ICATE OF DEATH		8 0	0 2	U 8	8
. m.e		F OP BRIDGE	FIRST		MIDDLE		AST	2	o. DATE OF DEATH			26 HOUR
noy be poge 3		Ric	hard		elvin		field		Januar			7:35p M
oge 4 mo irector, po urs after o	3. SE		4.	RACE		5. DATE O			AGE (IN YEARS LAST BIRT		UNDER I YEAR	HOURS MIN
Poge director director hours and hours and hours are continued as a second seco		Male		Caucas		July	8 19		50	YRS.		
erol din 72 hou	71 0	IRTHPLACE (STATE OR FORE	IGN 76		WHAT COUNTRY?	MARRIE	NEVER MARRIED	D	BALTIMORE CITY O	-		
de de	25	ansas ITY OR TOWN OF DEATH		USA	IOCOLTAL NUMBER	WIDOWE	D DIVORCED		Montgomery Montgomery			MD
_ + + + + + +)	7 B	ethesda	A	ational	H FACILITY, GIVE STREET L Naval M	edica	1 Center		TYPE OF WORK FOR MOST O USAir Forc	F WORKING LIFE)	INDUSTRY	OF BUSINESS OR
LAND 2120 nin 24 hours ly filled in by should be filled erer must be ac	130	AL RESIDENCE (IF NURSING STATE irginia	Fair	Y	130. CITY OR TOW Reston	ADMISSION) N	134 INSIDECITY LIMI	HTS? 13	street address 11232 Ches	tnut G	rove S	q. #133
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or attending physician. After this certificate has been signed by the attending physician and campletely filled in by as the burial-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be filled the and Mental Hygiene prior to burial, cremation, ar removal. The property of the please companies to burial, companies the medical examiner must be an orked or them 18 shows any injury, are other troumatic event, the medical examiner must be as	7	Orley	MIC	DDLE	Mayfield		15 MOTHER'S MAIDE Mildred				Hicks	
MORE,	160	WAS DECEASED EVER IN			166 SOCIAL SECU		17 INFORMANT		ADDRE			
IMORE In ond c	у	es	1945-	1967	509-20-5	925	Doris E. 1	Mayf	ield See	Above		
ST., BALTIII rthicote be physician onpopers. F emovol.		18 CAUSE OF DEATH PART I. DEATH WAS	CAUSED	BY:						4.75	BETWEEN	MATE INTERVAL ONSET AND DEATH
N ST.		112119	MEDIATE		Respirato	1	rest	-				
deoth cer attending ove corbo oution, ar re oumatic e		Conditions, if any, v	uhiak		R AS A CONSEQUE		hemispher	a in	fanation			
o) W. PRESTON that the death ce d by the attending lease remove carb iof, cremation, arr		gove rise to immer	diote		R AS A CONSEQUE		nem spher	е. Ш	I al CI TOIL			
thot thot d by d by oi, cre			lost	(c)	K AS A CONSCOUL	11000						
RDS, 201 equires the n signed b Then pleo: r to buriof, injury, or o	NO	PART 2 OTHER SIGNIF Diabetes					not related to the heart dis		AL DISEASE OR CONI	OITION GIVE	N IN PART 10	01
TAL RECOR	CERTIFICATION	None	N	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?		WERE FINDING CAUSES	
SION OF VITAL RIPPHYSICIAN: The It ending physicion. This certificate hos the buriol-transit per de Mentol Hygiene dor Item Is shows.	4	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL)	JSE OF DEATH	21b. TIME O HOUR A.	M. MONTH DA	YEAR	21c. HOW INJURY O	CCURRED	(ENTER NATURE OF INJUR	Y IN ITEM 18. PAR	T I OR PART 2)	
DIVISION OF DING PHYSICIA or ottending pl After this certif e as the buriol-t aith and Mental morked or Item	MEDICAL	21d. INJURY OCCURRE	D	21e PLACE			21f LOCATION		CITY OR TOV	/N	COUNTY	STATE
DIVISIC ENDING PH ol or othern ol or othern the state thi Health on the Health on the	Σ	WHILE NOT WHILE		(XI HOME, STR	REET, FACTORY, OFFICE, F	ARM, ETC.)	S.M.C.		CHI OK TO			31/416
3 0 0 0 0		22a. I certify that (/) (t)				Jan.	1 1 17	80	to Jan. Z	. 10	80_	that (1) (we) last
2 4 5 4 5 4 5	4	sow the deceased above, (1 (we) (did	oliye on	lan new Hydrody	25 19 E		nd that in (m/) (our) op	pinion dec	oth occurred on the do	te and hour		couses stated
fal OR A y the hoss Ral DIREC detached onto Dept.		22h SIGNATURE	11	14	Drin	1-	DEGREE	ING	MEDICAL STAF	· /	12s. DATE	2 CA
RAL den	-	274 HYSICIAN'S NAM	41	rules	W/M	1/11	PHYSICI 22: ADDRESS	IAN I	MEDICAL STAP DIRECTOR PHYSIC	IAN D	204	KAN80
TO HOSPITAL Cretoined by the TO FUNERAL Dishould be detact with the State DIMPORTANT: If		Andrew			D.			Nava	1 Medical	Center	, Beth	nesda,Md.
5 € 5 € 3 ₹	230.	BURIAL, CREMATION, RE	MOVAL	23b. DATE	~~		EMETERY OR CREMAT		23d. LOCATION CITY OR TOWN	c	YINUO	STATE
BP	Cr	remation ,				lar Hi	11 Cremato		Suitland	Princ	e Geor	
DHMH - 16 50M 1/76	24 F	UNERAL DIRECTOR						SO DATE R	EGD. BY REGISTRAR	25b. REGISTR	AR'S SIGNAT	UREsoly
(VR A 15 (4))		<u>Colonial</u> F	unera	Home	Falls Ch	nurch	Va.		_ ,000			

PRINTED TO THE PARTY OF THE District the April 1883.

V .	1				STATE	OF MARYLAND				n je	-
	1	FOR STATE		DEPARTM		EALTH AND MENTA CATE OF DEATH	201	3 0	0 2	9 8	7
		REGISTRAR						REG. N			
84	(TYP	CEASED NAME FIRST	MIDO			AST	2a. E	DATE OF DEATH	MONTH DA	AY YEAR	2h HOUR
oy be death		Vulia	D'a	vis /	Mc 6	na		dan	uary 18	3,1980	1:20 A.M.
E 2	3. SE	X	4 RACE		5. DATE O			GE (IN YEARS LAST BIRT	HDAY)		IF UNDER 74 HRS
ge 4 merector, purs ofter		Female	White	11.00	May	19 18 YEA	87	92	YRS.		HOURS MIN
d bod	.7a B	IRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WH	AT COUNTRY?	8 AAADDIES	□ NEVER MARRIE	9 BA	ALTIMORE CITY O	R COUNTY	OF DEATH	
death.		TARYLAND	Uss A.		WIDOWE	/		Yontgener	w lan	All	MD
se fune within	10 C	ITY OR TOWN OF DEATH			G HOME O	R OTHER INSTITUTIO	N 12a	USUAL OCCUPATI	ÓN	12h KIND OF	BUSINESS OR
_ = \frac{1}{2} \f	AC	1. 0		CILITY, GIVE STREET A	1	11		OF WORK FOR MOST O	F WORKING LIFE)	INDUSTRY	
urs of the file	11151	AL RESIDENCE (IF YOURSING HOME OF	The ledeni		MUSIC	ed Apost	17	Cacket			
MARYLAND 2120 ed within 24 hours mpletely filled in by ond 2 should be file	13a	STATE 136 COUN	VTY 113	CITY OR TOWN	٧ .	136 INSIDE CITY LIM		TREET ADDRESS	re.		
Ahin hin		ATHER'S NAME	, , , , , , , , , , , , , , , , , , ,			15 MOTHER'S MAIDE					
with with ad 2	4		Davis	LAST			a A. G	MIDDLE		EAST	
+ 0 - A -							a A. G.			24	
BALTIMORE, cote be executed to be executed by the second or pers. Pages in the medical or, the medical		WAS DECEASED EVER IN U.S. AR		320-12-		17 INFORMANT		21 Shav	Ave.		
IMO Pogn		No		220-12-	3200	Benjamin (C. Shav	Silver	Spring	g. Md.	20904
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALT NG PHYSICIAN: The low requires that the death certificate k ther this certificate has been signed by the ottending physicia or she buriol-transit permit. Then plasse remove carbonappers th and Mental Hygiene prior to buriol, cremation, or removal. orked or them 18 shows any injury, or other traumatic event, the	NOI	Conditions, if ony, which gove rise to immediate cause ion, stating the underlying cause lost	DUE TO, OR A	S A CONSEQUE S A CONSEQUE	NCE OF	NOT RELATED TO TH	E TERMINAL	DISEASE OR CON	DITION GIVE	N IN PART 110	Tyes
L RECC	CERTIFICATION	190. DATE OF OPERATION	196 CONDITIO	N FOR WHICH	OPERATION	WAS PERFORMED		a AUTOPSÝ?	20b. IF YES, IN CERTIFY YES	WERE FINDING ING CAUSES O	GS USED OF DEATH?
VITAL VITAL Ansacion roote h roots t Hygiel 18 shore	- 6	210. ACCIDENT WAS UNDERLYING				21c HOW INJURY O	OCCURRED (1		
LOF VITA SICIAN: Tig physicing physicinglerronsiriol-tronsiriol-tronsiriol-tronsiriol-tronsiriol-tronsiriol-tronsiriol-tronsiriol-tronsiriol-tronsiriol-tronsiriol-tronsiriol-tronsiriol-tronsiriol-tronsiriol-tronsiriol-tr		OR CONTRIBUTING CAUSE OF DEA	*111	MONTH DA							
ON OF ITSICIA ding ph is certifi buriol-ti Mental or frem	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED		IN LILIDAY	19	21f LOCATION	_				
DIVISION DING PHYY or ottendir After this se as the bu	MEI	WHILE NOT WHILE AT WORK	21e PLACE OF (AT HOME, STREET,	FACTORY, OFFICE, FA	RM, ETC.)	STREET		CITY OR TOV	VN	COUNTY	STATE
		220.1 certify that (I) (this hospi	tal) Attended the d	eceased fram	5/127	176 19		· Edel 1:	3	9.80.	hat (I) (we) lost
ATTEND ospitol	1	saw the deceased alive on	100113	10 \$	12 .06	d that in (my) (our) o	pinian death	corred on the de	ate and hour	-	
hosp hosp heept o		abave, (1) (we) (did) (did) (22b, SIGNATURE	view the bady att	er death.		EGREE				22c. DATE S	
0 0 0 0 4		110.3101141016 1/9/1/	11/1/1	11 2	118	ATTEND	ING A ME	DICAL STAI	FF	ILL. DATE S	14 01
All All det	_	0,10	ann	1//	11/1	PHYSIC	IAN DIR	ECTOR PHYSIC		1-1	3-00
HOSPITAL ned by th FUNERAL uld be det of the Stote		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)		-	22e ADDRESS		. /	1		
TO HOSPITAL TO FUNERAL should be deter with the Stote		6.111.1	1ALIN	MI		171	Me	Edel	6.	7110	
TO HOSPIT retained by TO FUNER should be a with the Sh	23a	BURIAL, CREMATION, REMOVAL	23b. DATE	123c N	AME OF CI	METERY OR CREMA	TORY 123	d. LOCATION	-		-
1000	1	Burial	Jan. 15	0 -				CITY OR TOWN		COUNTY	STATE
BP					Lin	coln Ceme	tery B	rentwood	Princ	re Geor	ge,Md.
DHMH - 16 50M 1/76	24 1	UNERAL DIRECTOR Hines	Rinaldi :	Funeral	Home	2	1 B a 1	1000	ZSI DEGISTR	AKS SIGNATU	JKE
(VR A 15-(4))	1.	Name Hines	re Ave.	Silver S	pring	, Md.	ANI	1980	perfay	MOUN	dy



Bethesda, Maryland

(VR A 15 (4))

Homes. P.A.

Marin Carlos de la companya del companya del companya de la compan

It	em #22a per pho		E OF MARYLAND EALTH AND MENTAL HYGIENE						
1-	STATE 1/7/80 rc REGISTRAR		ER'S CERTIFICATE OF DEATH O	02091					
	CEASED NAME FIRST	WIDDIE	LAST 20 DATE KNOWN [MONTH DAY YEAR 76 HOUR					
	Edw	rand e	McElaney, Jr, DEATH MATED	17.40					
3. SE	A .	S DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY	MONTHS DAYS HOURS MIN PRONOUNCED	MONTH DAY YEAR 2d. HOUR					
7n F	IRTHPLACE (STATE OR	Apr. 4, 1932 47 YR	9 RAITIMORE CITY	OR COUNTY OF DEATH					
F	assachusetts	U.S.A.	MARRIED NEVER MARRIED	gamery MD.					
	THY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	FOR MOST/DEM/ORAUGLUES) A	OR INDUSTRY					
USU	AL RESIDENCE (IF IN NURSING HOME	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIO		VA Admin.					
	arvland Mont	tgomery Bethesda	13d. INSIDE (ITY LIMITS? 13e. STREET ADDRESS YES \$\overline{\text{NO}} \overline{\text{NO}}	achusetts Avenue					
	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NAME	LAST					
	Edward	C. McElaney,	Sr. Josephine	Dalv					
16a. '	WAS DECEASED EVER IN U.S. AF	VE WAR OR DATES!	NO. 17. INFORMANT ADDRES	S					
			377 Mary L. McElaney sa						
	18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSI	only one cause per line for (o), (b), and (c).) SED BY:	A. D. wild Paicone	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
PARTI DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Carbon Monoxide Poisoning Out To, OR AS A CONSEQUENCE OF									
	Conditions, if ony, which	h 5-17 Tot							
	gave rise to immediate couse (a) stating the under	ie (0)							
	lying couse lost.	(c)							
z	PART 2 OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN	TAL DISEASE OR CONDITION GIVEN IN PART 1 (a).						
CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERA	2D. AUTOPSY?						
E			YES NO M						
CER	210. EXTERNAL CAUSE WAS	21b. TIME OF INJURY HOUR AIM. MONTH DAY YEAR	21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 1)	B PART 1 OR PART 2)					
MEDICAL	UNDERLYING OR CONTRIBUTING CAUSE OF	F DEATH '7 P.M. /- 3 1970		or in close guest.					
MED	21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	21f. LOCATION STREET CITY OR TOWN	COUNTY STATE					
	AT WORK AT WORK	Baroge.	3704 MESSAVE. Bethesd	Montgomery Mol					
	22a. I certify that I took char	rge of the remains described above, held on		and in my opinion					
	death resulted from: Note	turol causes 🔲, Accident 🔲, Suid	ide Z, Homicide , Undetermined manner						
	ACTUAL O	hmy Bell	TITLE (SPECIFY) AD DEPUT!	DATE Jan 3 1981					
	SIGNATURE		M.D. MEDICAL EXAMINER	SIGNED					
-	EXAMINER'S NAME (TYPE OR PRINT)	John G. Ball, M.D.	7936 Old Georgetown F	Rd Bethesda, Md.					
230.1	BURIAL, CREMATION, REMOVAL		ETERY OR CREMATORY 23d, LOCATION CITY OR TOWN	COUNTY STATE					
24.	Burial UNERAL DIRECTOR DODE		Heaven Silver S	pring, Maryland					
	NAME RUBE	ERT A. ABUMPHREY FUN BETHESDA. MARYLAND		wordy / Credy					
	HOMES, P.A.	DETHESUA, MARILANI							

All parties and the state of the state of the state of THE YOUR CONTRACTOR OF THE PARTY OF THE PART

1.	FOR STATE			PARTMENT		AND M	ENTAL	1/10	2 2 %		0 0	3 0	9	2
	REGISTRAR			CAL EXAM	IINER'S C	ERTIFIC	CATE	OF DEA		REG.		. 0		Com
(TY	ECEASED NAMI			IDDLE		LAST			20. DATE OF	KNOWN ESTI-	MON!	TH DAY	YEAR	2h HOUR
	A PART	Betty	Ja	ane		rrill			DEATH	MATED		14	19 80	M
3. SE	X	4. RACE	S DATE OF BIRTH		IN YEARS IF UN	DER 1 YR.		ER 24 HRS.	2c. DATI	E	MONTH	H DAY	YEAR	2d HOUR
Fe	emale	White	Oct. 6, 19		YRS.	DAYS	HOURS	MIN	DEAL	D	1	14	19 80	7:45 AM
70. B	OREIGN COUNTRY	TATE OR	76. CITIZEN OF WHAT	COUNTRY?	8. MARRI	ED NE	VED AA A D	BIED [9 BALTIA	MORE CITY	OR COU	NTY OF	DEATH	
_		ton, D.C.	U.S.A.		WIDOW			RCED X	М	ontgo	meru	Com	nts	AAD
D. C	ITY OR TOWN	OF DEATH	11. NAME OF HOSPIT	AL, NURSING H	OME, OR OTH	ER INSTITU		12a USU	JAL OCCU	JPATION (1	TYPE OF WOR	ek 12h. K	IND OF BU	ISINESS
5	Silver S	Spring	9313 Card	line Av	enue				NOST OF WO				Home	RY
JSU	AL RESIDENCE STATE	(IF IN NURSING HOME C	R OTHER INSTITUTION, GIVE RE	SIDENCE BEFORE AD	MISSION)	hat mene e							LOMO	
-	Maryland	Monte		Gilver S		13d. INSIDE C	NO [EET ADDR	aroli	ne A	Tenu		
	ATHER'S NAME				F:0	15. MOTHE	ER'S MAI	DEN NAME		-	110 1	· CIId		
	Herber		E.	Bradbur	m	F	euli:		^	MIDDLE	7	thi	homas	
6a. '	WAS DECEASED	DEVER IN U.S. AR	MED FORCES?	6b. SOCIAL SECT		17, INFORA			6200	MADRE	Sahme.			Drive
(,	YES, NO, OR UNKNO	WN) (IF YES, GIVE	WAR OR DATES)	577-42-				rrill.						
=		F DEATH (Enter on	ly one cause per line far			00.011	J 220.	on the objection of a	0011		وعديدي	A	APPROXIMATE	INTERVAL
	PARTIDE	ATH WAS CAUSE	Smc Smc	ke Inha								BET	TWEEN ONSET	T AND DEATH
	.091	IMMEDIA'	DUE TO, OR AS									-		
7		s, if any, which												
		e to immediate stating the under-	DUE TO, OR AS	A CONSEQUEN	CE OF		-			-		-		
1	lying cou	se last.	()		CL OI									
-	PART 2 DTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d).											
Z					TERMINAL DISERSE	DK (DNDIII)	IN OITEN IN	TANI I (U),						
ATIC	190. DATE OF	DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?							20.	AUTOPSY?	?			
IFIC													YES 🔀	NO 🗆
CERTIFICATION		L CAUSE WAS	21b. TIME OF IN	JURY	21c. HC	W INJURY	OCCUR	RED (ENTER)	NATURE OF IN	JURY IN ITEM	18 PART 1 OR			.40
ALC	UNDERLYING	OR NG CAUSE OF I	DEATH ? 3000.	ONTH DAY	EAR I			ght ir						
MEDICAL	21d INTURY C	CCURRED	21e PLACE OF I	NJURY (ATHON	E, 21f. LOC	ATION	Juue	2.16 11	1100	OC II	1.0			
¥	WHILE L	NOT WHILE S	STREET, FACTORY	, FARM, ETC.)	9313	Caro	aline	e Ave.	CITY OR TO	Tuer	Sprie	COUNTY	Mont	STATE
													TOTIL.	, ma
	220. I certify that I toak charge of the remains described above, held an Autopsy X, Inspection , Inquiry , ond in my apinion													
	death resulte	ed fram: Natur	al causes L., Ac	Suicide	Hamie		Undet	ermined m	anner	1.				
ACTUAL SPECIFY ASSISTANT									DAT	re "	111.1	90		
	SIGNATURE_	Villgenia	words 1		M.	D. ASSI	Local	MED_MED	ICAL EXAM	MINER	SIG	NED	1/14/8	00
	EXAMINER'S	NAME Vir	ginia L. Do	lan M	n.				111	1 Pen	n Str	cont		
22 - 5	(TYPE OR PRIN	TION, REMOVAL 2				ADDRESS_	0.00	1931 - 6		r rem	II OLL	.eet		
230.E	Burial Burial		Jan/18/80	23c. NAME OF	ivet Ce			CITY	OCATION OR TOWN	ck-Fr	22	OUNTY	Co M	ATE
	UNERAL DIREC		Jan 10/00	110. OI	TACL CE			E REC'D. BY						u.
			Home - Sil	ver Snr	ring Ma		LJU, DAII	IAN 9	2 10	O.C.	tink	Trey /	ra Cres	de
-	VALUE IN C. I. C.	1 WILLI OFF	110110 - 011	TACT ODT	TITE , INC	4.4	. 8	JHN 6	0 13	01		1		

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	FOR		DEPARTA			TAL HYG	IENE.		13 3	
	REGISTRAR			CERTIFI	CATE OF DEA		REG. NO.	120	1 7 3	
	OR PRINT)						20 DATE OF DEATH MON	TH DAY	To Heron	
	Louise		N.				Jan 1, 1980			Λ
3 SE		4. RACE				YEAR				_
	female	white		July	10, 1	897		YRS		
		16 CITIZEN OF	WHAT COUNTRY?	8. MARRIET	□ NEVER MARI	RIED 🗆	9 BALTIMORE CITY OR CO	OUNTY OF DE	ATH	Ī
	Pennsylvania	U. S.	A.				Montgomery	7	WE	0
		LIFNOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)		ION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Housewife	RKING LIFE) INDI	USTRY	
										-
								Road		
	THER'S NAME	lan	Wie Dear					Itoau		-
		WIDDIE	lioholgon		FIRST A 1:	00	MIDDLE	Ramas	LAST	
16a V				RITY NO.	17 INFORMANT	ce				-
	YES, NO OR UNKNOWN) (IF YES, GI					Dla	1235 Colon	ial Road	d	
			•		George a	. Dia	Mc Lean,	Virginia	APPROXIMATE INTERVAL	=
	PART I. DEATH WAS CAUS	ED BY	r line for (a), (b), and	(C	-10	11	/	BE	TWEEN ONSET AND DEATH	-
	IMMEDIA .	TE CAUSE (o)	1165511	2 (6	T40926	176.20	remagi		1 Hours	-
	431-	DUE TO, C	R AS A CONSEQUE	NCE OF		. 11	1		-	
	Gove rise to immediate	(p)_	Mrte	riesci	cinsis	1- 1-49	per gension		years	-
	couse (o), stating the underlying couse lost	DUE TO, C	R AS A CONSEQUE	NCE OF		1,		560		
		(c)								-
z	PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE OR CONDITION	ON GIVEN IN P	ART 1(o)	
FICATIO	190 DATE OF OPERATION	196 CONE	ITION FOR WHICH	OPERATION	N WAS PERFORME	D		CERTIFYING	AUSES OF DEATH?	-
EST	31. ACCIDENT WAS UNDERLYING	7 215 TIME (SE INTITION		121, HOW IN HIE	V OCCUBE			to the state of th	_
				YEAR	I TO TO THE SOR	OCCOR	CED (ENTER IN ALORE OF INJORT IN	HEM TO, FART TORF	-MI 2)	
∑ S				19	214 - 25 4 7 10 1					_
AE O				ARM, ETC.)	STREET		CITY OR TOWN	COU	NTY STATE	
_	AT WORK			,						
		/		lien	7.7., 1	9/1	, to VAT /	1976	, that (I) (we) los	t
	spw the deceased alive a obove, (I) (we) (did n		ofter death.	on, on	d that in (my) (eur	+ opinion o	death accurred on the date of	and hour and fr	om the couses stated	
	226. SIGNATURE				DEGREE			220	. DATE SIGNED	_
	CRAME.	er 1	47.D			NDING SICIAN F	MEDICAL STAFF DIRECTOR PHYSICIAN		1/1/90	
	224. PHYSICIAN'S NAME (TYPE	OR PRINT)		-	22e ADDRESS	4	100 5.0		/ /	-
	C. R. Gruver	, M. D.			1145 - 19	oth St.	., N. W., Was	shington	, D. C.	
22- 1			I 22. A	IAME OF C						=
	T. DE (TYPE 3 SE 10 C C R. USU) 30 S Vir 14 FA	1 - STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) LOUISE 3 SEX female 76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania 10 CITY OR TOWN OF DEATH Rockville USUAL RESIDENCE (IF NURSING HOME OF DEATH WILLIAMS OF DEATH 14 FATHER'S NAME FIRST WILLIAM 160. WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate couse iol, stofing the underlying couse lost PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 191. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING COUSE IOL, STORING THE UNDERLYING OR CONTRIBUTING COUSE IOL, STORING THE UNDERLYING OR CONTRIBUTING COUSE IOL, STORING THE UNDERLYING OR CONTRIBUTION COUSE IOL, STORING THE UNDERLYING OR COUSE IOL, STORING THE UNDERLYING OR COUSE IOL, STORING THE UNDERLYING OR COUSE IOL, STORING THE UNDERLYING THE UNDERLYING OR COUSE IOL, STORING THE UNDERLYING THE UN	TOUISE 3. SEX female 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania 10. CITY OR TOWN OF DEATH ROCKVILE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130 STATE William Fairfax 14. FATHER'S NAME FIRST WILLIAM WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) NO 18. CAUSE OF DEATH (IF very war or Dates) NO 18. CAUSE OF DEATH (IF there only one couse pe PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE D) DUE TO, C Conditions, if ony, which gove rise to immediate couse iol, stoting the underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS C 190. DATE OF OPERATION 190. DATE OF OPERATION 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 21d. I certify that (I) (this-hospital) oftended the sow the deceased olive on obove, (I) (Meet) chief (idid not) view the body.	TOUISE I. DECEASED NAME (TYPE OR PRINT) LOUISE I. DECEASED NAME (TYPE OR PRINT) I. DECEASED NAME (TYPE OR PR	TOURS NAME I. DECEASED NAME I. DECEASED NAME (TYPE OR PRINT) Louise N. Micha 3 SEX female Value Va	T. SECERASE NAME I. DECERASED NAME I. DATE OF BIRTH I. RACE I. SUMING DECERASED II. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION. IT IN SUCH EACHLY, GWE STREET ADMISSION. IT IN SUMINISHED HOME II. NAME OF HOSPITAL, NURSING HOME III. NOR	Total Tota	FOR STATE STATE	LOUISE MEDITION PARTITION PARTITIO	FOR STATE DEPARTMENT OF HEALTH AND MENTAL BYGINS SEG. NO. 2 3 3 1 1 1 1 1 1 1 1

DHMH - 16 50M 1/76 (VR A 15 (4))

Cremation

Jan 2, 1980 Cedar Hill Crematory Suitland, Prince Georges,

14 FUNERAL DIRECTOR

Joseph Gawler's Sons, Inc. Washington, D. C.

17 FUNDERAL DIRECTOR

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17 FUNDERAL DIRECTOR

JAN 2 1000

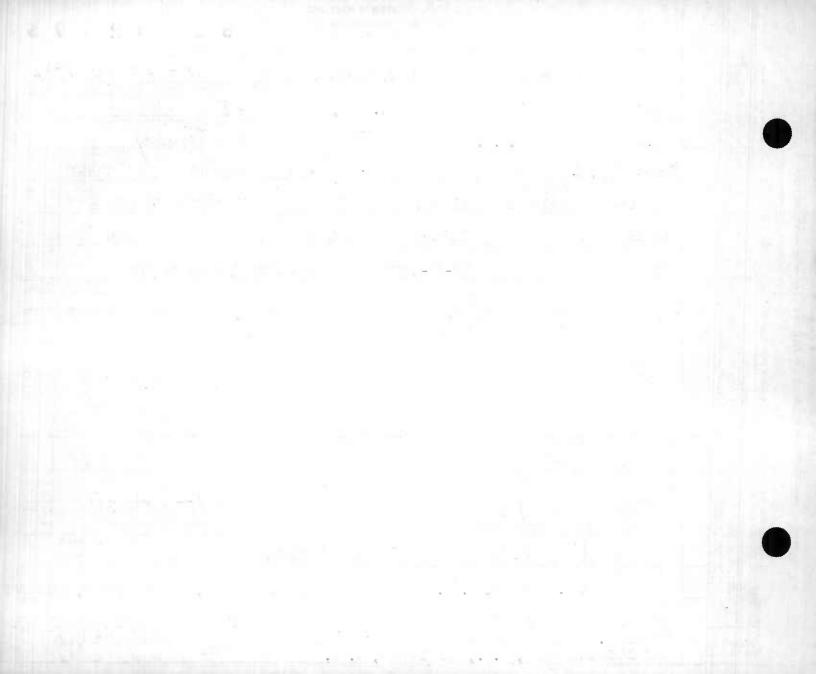
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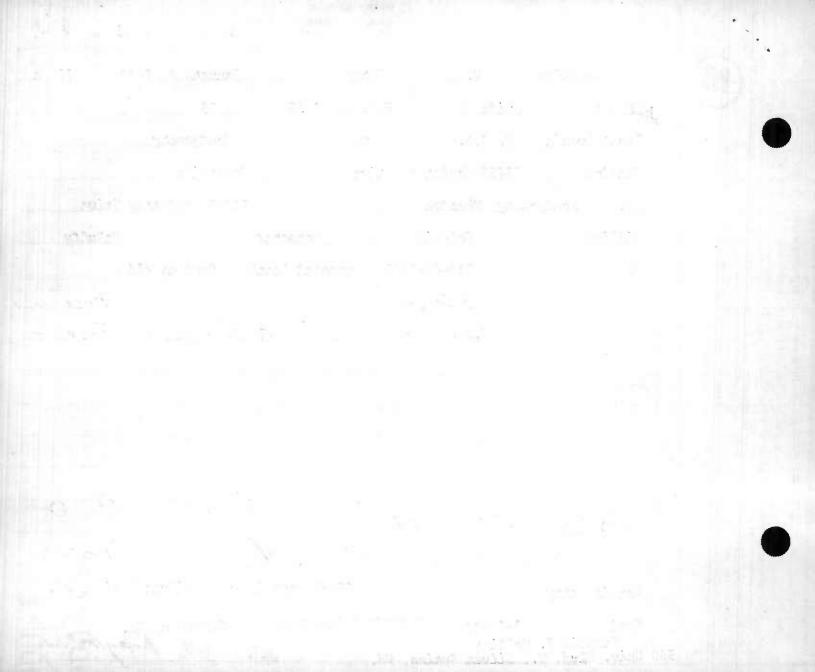
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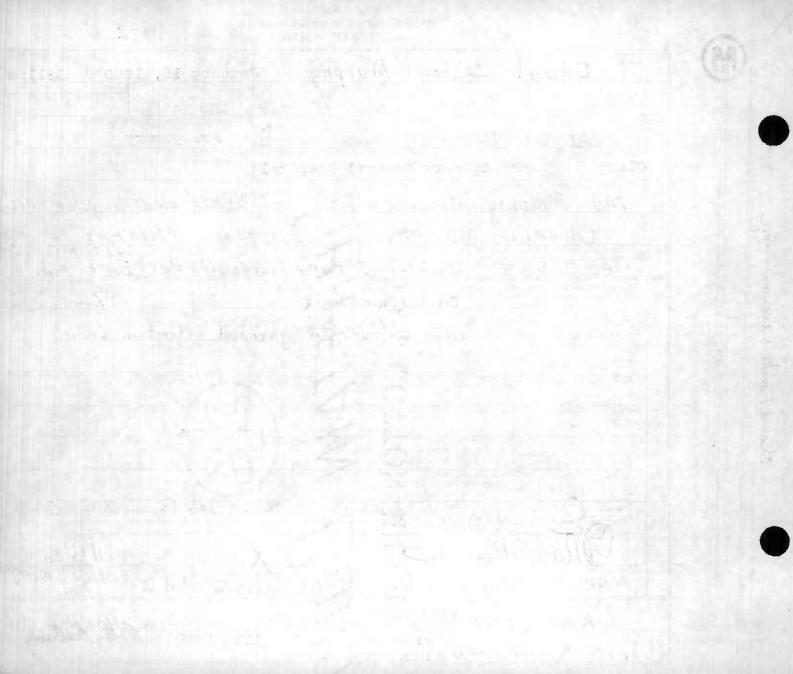


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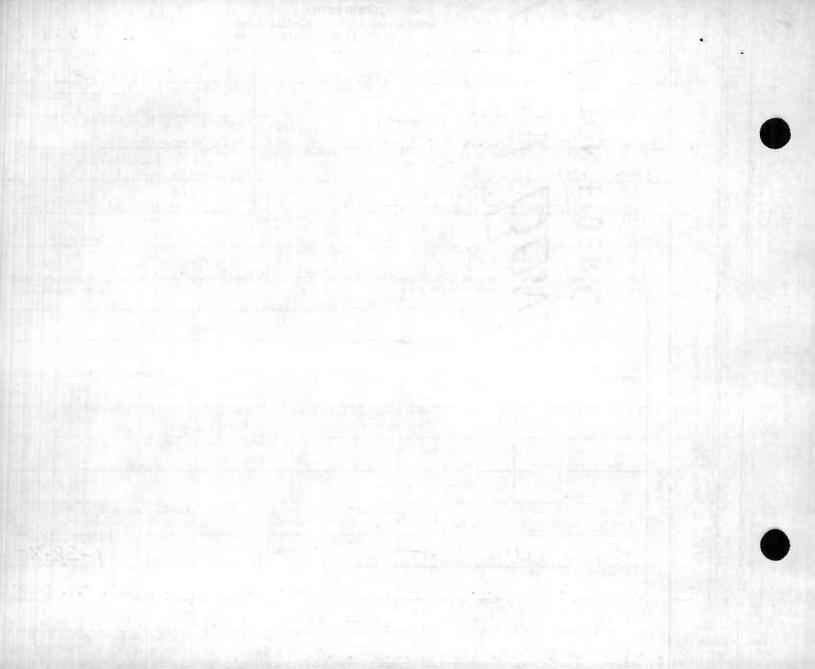
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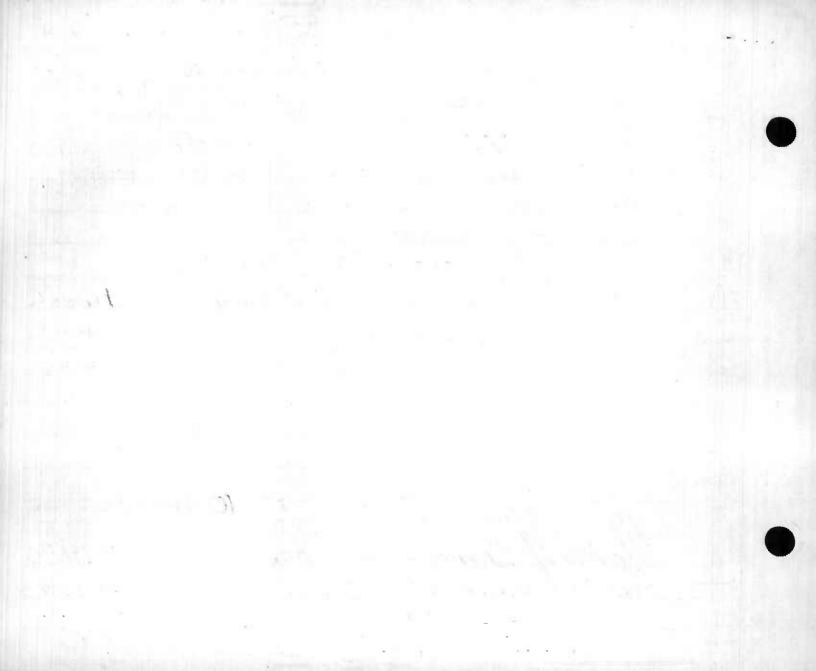


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINT Edward 1980 anuary 5:11pm 3 SEX DAYS To. BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MARRIED Montgome ry DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Olney INDUSTRY Montgomery General Hospital BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130 STATE 136 COUNTY 134 CITY OR TOWN 130 STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS IGHTON YES | 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST 160 WAS DECEASED EVER 17 INFORMAN (YES, NO OR JUNKNOWN) GIVE WAR OR DATEST 18 CAUSE OF DEATH Enter only one couse per line for 101 PART I. DEATH WAS CAUSED BY PRESTON ST., IMMEDIATE CAUSE tensental myocordial infantion Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 W. underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY 0 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK (1) This hospital) attended the deceased from an our) opinion deoth occurred on the date and hour and from the causes stated DEGREE MEDICAL ATTENDING \ DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS should be with the 230. BURIAL, CREMATION, REMOVAL 23b. DATE BP DHMH - 16 50M 1/76 (VR A 15 (4))



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			1-	FOR STATE REGISTRAR		DEF	PARTMENT OF H CERTIF	EALTH AND		ENE ()	0 2 (9 9	
	· m.e			CEASED NAME FILL OR PRINT)	RST	MIDDLE		AST		20. DATE OF DEATH	MONTH DAY	YEAR 26 HOU	
v be	tor, page 3			Helen		ances		cphy		JANUAR		980 13	30 PM
E	fer p	. 71	3 SEX		4 RACE		5. DATE C		YEAR	6 AGE (IN YEARS LAST BIRT	HDAY) IF UND	ERTYEAR IF UNDER	R 24 HR5 MIN
900	directo haurs a			Female	Cauc		5	27	20	59	YRS.		
4	ol d	ouce.	CC	RTHPLACE (STATE OR FOREIGN	Th CITIZEN O	F WHAT COUP	MARRIE	XXNEVER	MARRIED -	9 BALTIMORE CITY O	R COUNTY OF D	EATH	
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ALT!	20 %	the		18 CAUSE OF DEATH (E	nter only one couse o			Luari	OTT-MILI	tpny (Hus	nana)	APPROXIMATE INTER	RVAL
V ST., BAL	рнуз	vent,		PARTI DEATH WAS	CAUSED BY:			cinoma	(9-77)			activity of the same	
N S	ding	otic e	-10	1540			SEQUENCE OF	<u> </u>					= 1.1
ESTO!	ion,	nac		Conditions, if any, wh		OK AS A CON	32002110201						
PR the	the cremo	ather troumotic				OR AS A CON	SEQUENCE OF	4.14	7.11	20 - 100		5 - 8533	
¥ that	by sose ol, cr	rath		underlying couse I	ost (c)_			48.11					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours.	signed hen ple	jury, o	Z	PART 2 OTHER SIGNIFIC	CANT CONDITIONS	CONTRIBUTIN	G TO DEATH BUT	NOT RELATED	D TO THE TERMIN	NAL DISEASE OR CON	DITION GIVEN IN	PART 1(o)	
SO 39	been rmit T	ony in	CERTIFICATION	190 DATE OF OPERATION	196 CON	DITION FOR W	VHICH OPERATIO	N WAS PERFO	DRMED	20a AUTOPSY?	20b. IF YES, WER	RE FINDINGS USED	D
L RE			IFIC		34					YES NO V	IN CERTIFYING YES	CAUSES OF DEAT	TH?
/ITA	vsicio ote onsit tygie	Shows Shows	CERT	210. ACCIDENT WAS UNDERLY		OF INJURY		21c HOW IN	NJURY OCCURRE	D (ENTER NATURE OF INJUR			2
OF VI				OR CONTRIBUTING CAUS	L OI DEATH	a.m. monti p.m.	H DAY YEAR						
SION	ding buri	or H	MEDICAL	21d INJURY OCCURRED	21e PLAC	E OF INJURY		21f LOCATI	ON	CITY OR TOV		unty st	TATE
IVISI	offer ter the s the	morked or Item	¥	WHILE NOT WHILE	(AT HOME, S	STREET, FACTORY, C	OFFICE, FARM, ETC.)	SIREEI		CITORIO	vN (0	UNIT SI	IATE
Q 4	or Se o	DE S		22a.l certify that (1) (thi	s hospital) attended	the deceased	from Janua	ry 3,	. 19_80	_ to JANVA	1 25, 19 8	O, that (1) (v	we) lost
THEN	pitol for t	21:		sow the deceased a	(did not) view the boo	ARY 3	19 <u>%</u> , or	d that in (my) (our) opinion de	eath occurred on the de	ote and hour and	from the couses sto	oted
8	biREC	Hem		226. SIGNATURE		Dh.		DEGREE				2c. DATE SIGNED	-01
A A	AL Detac	±		Kuchan	dWHO	Umi	0		PHYSICIAN V	MEDICAL STAT	FF IAN	1-28-8	80
SPIT	FUNERAL Jid be det the Stote	AA		22d. PHYSICIAN'S NAME	(TYPE OR PRINT)	- "		22e ADDRE					
0	retained by the TO FUNERAL E should be deta	MPORTANT: If Item		Richard W.).				ir Road, N	.W. Wash	D.C. 20	3007
150	- S	_	23a. B	URIAL, CREMATION, REA		- /	23c NAME OF C			23d. LOCATION CITY OR TOWN	COUNT		ATE
00	BP			Burial	1/3	1/80	Gate	of Hea		S.S.	Mont		,
	H - 16 50M 1/7	5	24 F	INERAL DIRECTOR		AODR	ESS		250. DATE	REC'D. BY REGISTRAR	256. RECOSTRAR'S	SIGNATURE	leg
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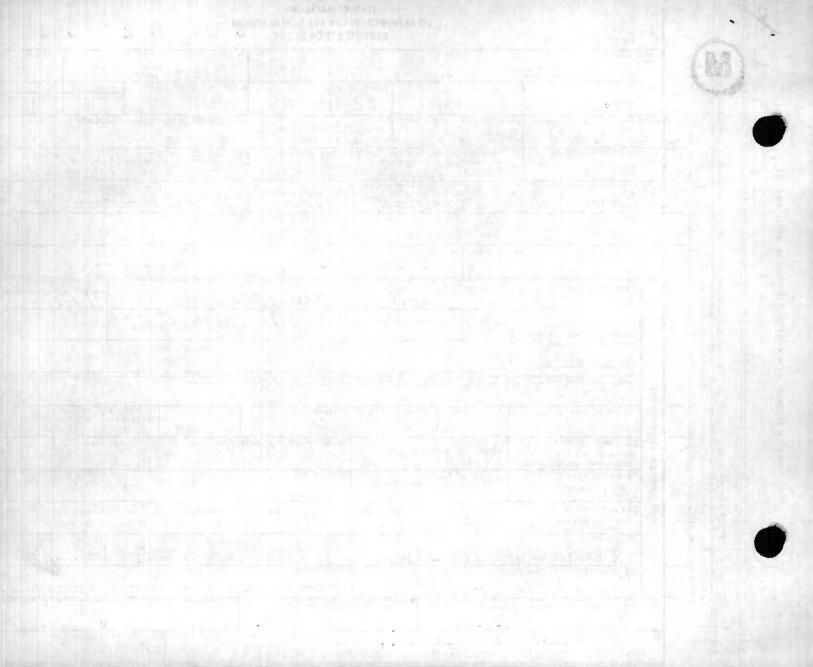
12	FOR STATE			HEALTH AND MENTAL H	1.00	n 0		
1.	REGISTRAR		MEDICAL EXAMIN	IER'S CERTIFICATE O	F DEATH.	REG. No. 2	. 0	
	DECEASED NAME F	FIRST	WIDDLE	LAST	20. DATE I	HTHOM W MONTH	DAY YEAR	2b. HO
,	H	larry	W.	Neben	DEATH	E211	7-8012	:34
3. S	EX 4 RACE	5. DATE OF	F BIRTH 6. AGE (IN YE LAST BIRTHD			HTMÖM	DAY YEAR	2d. HC
	11 4	1 5-	- Pro- 011	RS. HOURS	MIN PRONOUN DEAD	1-17-80	12 34	B
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN	OF WHAT COUNTRY?	8. MARRIED NEVER MARRIE	9. BALTIM		TY OF DEATH	
1	10 -	75 6	1.5, A.	WIDOWED S DIVORCE		Mont.		
10.	CITY OR TOWN OF DEATH		OF HOSPITAL, NURSING HOM	E, OR OTHER INSTITUTION	12a. USUAL OCCUP	ATION (TYPE OF WORK	12b. KIND OF BU OR INDUST	JSINESS
17	Tak Part		ington Advent	ist Hospital	RETIRES	MASTE	0 -1FC7	TO It
			TUTION, GIVE RESIDENCE BEFORE ADMISS	ЮN)				1
130	DC	COUNTY	11/2-361	YES NO [13e. STREET ADDRES	Columb	1 - Kd	AI
14.	FATHER'S NAME	WIDDLE	1	15. MOTHER'S MAIDE	N NAME	DOLE O	LAST	7
	HugusT	WIDDLE	NEBEN	SOPHIA	MI		KAMP)
160	. WAS DECEASED EVER IN U			Y NO. 17. INFORMANT	,	ADDRESS	-41	
	YES (IFY)	ES, GIVE WAR OR DATES	579-09 -	2358 MBS. 4. HE	ERTA F	TCHBURC	MA	
	18 CAUSE OF DEATH (E	nter anly ane cause	per line for (a), (b), and (c).)			Α ,	APPROXIMATI	E INTERVA
	PART I DEATH WAS C	CAUSED BY: MEDIATE CAUSE (o	// contra	MYROZII.	7/ h1	V 11	BETWEEN ONSE	I AND DE
	4291		TO, OR AS A CONSEQUENCE	OF	10			
	Canditians, if any,							
	gave rise to imm cause (a) stating the		TO, OR AS A CONSEQUENCE	OF				
	lying cause last.	(c	.)				1 -08	
	PART 2 OTHER SIGNIFICANT CON			AINAL DISEASE OR CONDITION GIVEN IN PAR	RT 1 (a).			
Z		w A						
1 S	190. DATE OF OPERATION	N 19b.	CONDITION FOR WHICH OPER	RATION WAS PERFORMED?			20. AUTOPSY	?
1 \	1/4	(e)					YES 🗆	NO
CERTIFICATION	210. EXTERNAL CAUSE W	/AS 21b.	TIME OF INJURY	21c. HOW INJURY OCCURRED	D (ENTER NATURE OF INJU	JRY IN ITEM 18 PART 1 OR PA		
			DUR A.M. MONTH DAY YEA P.M. 19	K				
MEDICAL	21d. INJURY OCCURRED	21e	PLACE OF INJURY (AT HOME,	21f. LOCATION STREET		1-17-80 ORE CITY OR COUNTY MONT. PATION (TYPE OF WORK 12 WAS TER. SS CO (Lamb) IDDIE PFERDE A ADDRESS TEHBURG, URY IN ITEM 18 PART 1 OR PART WN COUNTY INNER DATE SIGNED.		
1 2	AT WORK AT WORK	LE	REET, FACTORY, FARM, ETC.)	SIMEE!	CITY OR TOW	'N CC	YINU	STAT
				·	TP ₀			
			nains described abave, held an	Autapsy , Inspection			pinion	
1	death resulted fram:	Natural causes	Accident L, St	ricide , Hamicide ,	Undetermined ma	nner [],		
	ACTUAL	86	2/1/20	TITLE (SPECIFY)		DATE	to 1	219
1	SIGNATURE		1	M.D. Geb	MEDICAL EXAM	INER SIGN	to ani	
	EXAMINER'S NAME (TYPE OR PRINT)			4000500				
23-	BURIAL, CREMATION, REMO	DVAL 1236 DATE	Ing. NAME OF CE	METERY OR CREMATORY	123d. LOCATION /			,
130	TSPECIFY)	1-71	79 Markor CE	DOLLERAN OR CREMATORY	CITY OR TOWN	5/01/80U	19 19	ALE,
24.	FUNERAL DIRECTOR	11-21-	11 VIETROS	TILLING STEP ATER	EC'D. BY REGISTRAL		SIGNALUE -	12
	1 - MAME	11.1.I.	ADDRESS 5	1/10	N 2 4 1980	proper	1/1-000	7
11.	IFTHOTOLIT	HN TUNE	KHK WELL FILE	XITKIIIK IT TIP	111 1- 7 36			

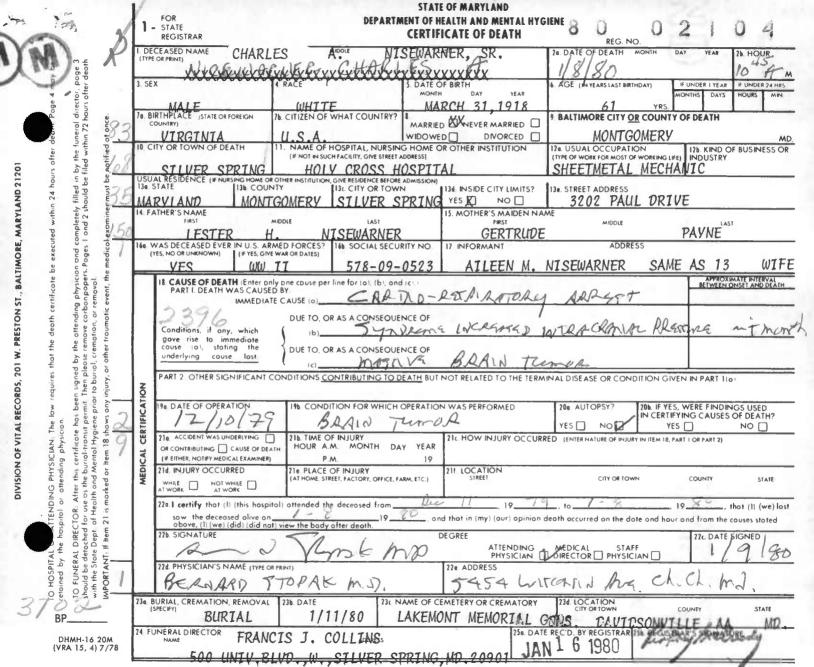
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	1-	FOR STATE			DEPART	MENT OF	HEALTH		MENTAL				Λ	2		()	9
		REGISTRAR CEASED NAMI E OR PRINT)			MIDDLE			LAST		OF DE	20. DATE	KNOW		MONIH	DAY	YEAR	2b. HOUR
PLEASE ECTOR. R FILES. HOURS STREET,	3. SEX	(Berni 4. RACE	5. DATE OF BIE		6. AGE (IN Y	ARS IF UN	Nelsc		ER 24 HRS.	DEATH	H MATE	D X	1	27 ,	19 80 YEAR	M 2d HOUR
S NECESSARY PIEASE ETUNERALD INECTOR. 5 FOR YOUR FILES. D, WITHIN 72 HOURS W/ PRESTON STREET,		male	Black	July 9	July 9, 1924 55 yrs. Months Days Hours Min. PRONOUNCED DEAD							1		19 80	8:05 P M		
5 FOR W PRES	/a. Bi	RTHPLACE (ST	1d.	U.	10. CITIZEN OF WHAT COUNTRY? 8. MARRIED WIDOWED DIVORCED Montgomery Co									MD.			
35	10. CI	lver S	of DEATH pring	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (In parking lot) 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFEY HOUSEWITE									SINESS				
5	13e. S	Md.	18 COUN Mon	ITY	N. GIVE RESIDENCE	or town	ring	13d. INSIDE	CITY LIMITS?	13e. STF	REET ADD	RESS New	Hamp	shi	re A	ve.	#210
50		ATHER'S NAME FIRST	Isaac		Ellison Mildred F. Johnson									AST			
1	16a V {Y	NO, OR UNKNO	DEVER IN U.S. AR/ WN) (IF YES, GIVE	WAR OR DATES)	220	-12-27		Lori		Morr	ison	(Da	ught	016 er)	Tuc	kem	an lale,Mo
SED AS A BOKIAL-IKANSII PEKMII. F HEALTH AND MENTAL HYGIENE, D. CREMATION, OR REMOVAL.	z	gave ris cause (a) lying cau	is, if any, which e to immediate stating the <u>under-</u> se last.	(b)	OR AS A CON	SEQUENCE	OF	iseas		PART 1 (a).						-	
OF HEALTH	CERTIFICATION	19a. DATE OF	OPERATION	19b. COI	NDITION FOR	WHICH OPE	RATION W	'AS PERFO	RMED?							UTOPSY?	_
PRIOR TO BURIAL, C			CAUSE WAS OR GCAUSE OF I		E OF INJURY A.M. MONTH P.M.	DAY YEA	21c. He	DW INJUR	Y OCCUR	RED (ENTER	NATURE OF II	NJURY IN IT	EM 18 PAR	T I OR PA		ES 💥	NO []
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2		death resulte ACTUAL SIGNATURE_	Virgin	ral causes X,	Accident Oclam	O, si	Autap	, Hom	Inspecticide SPECIFY)	Under	Inquiry termined n	nanner	and i	DATE SIGNE	1	1/28,	/80
BALL ION	23a. Bl	JRIAL, CREMAT	NAME Virgi	3b. DATE	23c. N	NAME OF CE	METERY O			23d. LC	DCATION				reet		ATE
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offreewood the Entire logon and Merosaftre avo. 12210 Isnac . Ellison - acres . lobred . lobred 220-12-2783 | Lerraine Torrison (Laumnick) Piverdal colorasyatives the colorast can be in Burial Carter views or strong is forther the courses faring comme Snorden Rockylle II 20050

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 2d DATE OF DEATH 2h HOUR TYPE OR PRINTI Irissa NICHOLSON 30 4:15AN 1980 January 3 SEX 4 RACE S DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS July 13 1921 Female Caucasian In BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY West Virginia USA Montgomery WIDOWED IL CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY National Naval Medical Center Bethesda Housewife. Home USUAL RESIDENCE (IF NUISING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
130. COUNTY
131. CITY OR TOWN 13c CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 242 South Front Street Delaware Sussex Georgetown YESMIX 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE William Melvina Mullins Stewart ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) 228-18-4623 Loran L. Nicholson See item 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a. AUTOPSY? ă IN CERTIFYING CAUSES OF DEATH? NOK YES [ntol Hygi 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) morked or Hem 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M TIE. PLACE OF INJURY 21d, INJURY OCCURRED 211. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 220 | certify that (1) (this hospital) attended the deceased from January 29 80 to January 30 10 80 January 30 19 80 and that in (m/) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive an January 30 abave, (I/(we) (did) (d/d/hdt) view the bady after death. 27h SIGNATURE DEGREE 22c DATE SIGNED MPORTANT: IF ATTENDING MEDICAL STAFF Jan. 30, 1980 DIRECTOR PHYSICIAN 22e ADDRESS 22d PHYSICIAN'S NAME (TYPE should be with the National Naval Medical Center, Bethesda, Md. Jerome J. Roche, Jr. 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION, REMOVAL 23b. DATE 23d LOCATION (SPECIFY)
Burial Kingston 24. FUNERAL DIRECTOR 7557 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 7557 Wisconsinappaye.,
Robt. A. Pumphrey Funeral Home, Bethesda, Md. DHMH - 16 50M 1/76 (VR A 15 (4)) ready

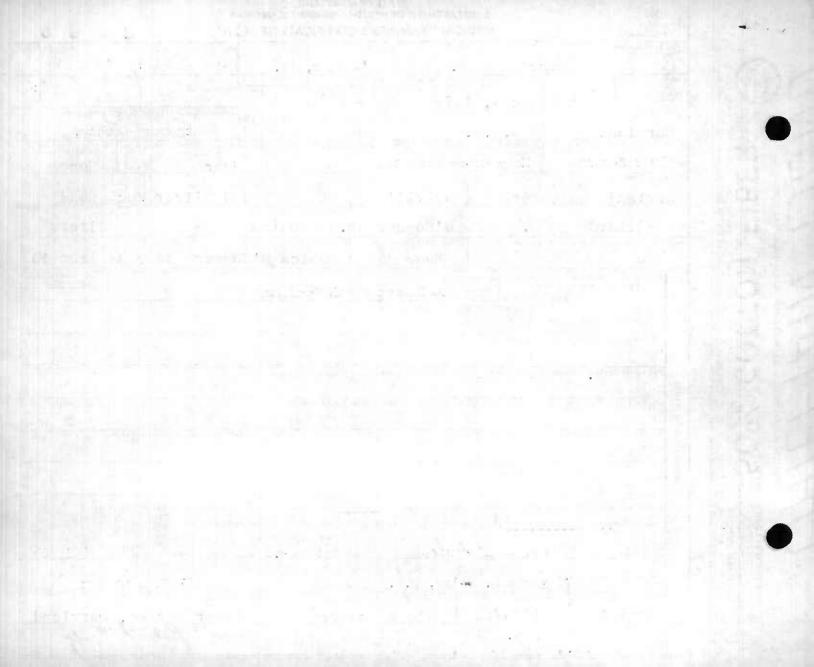


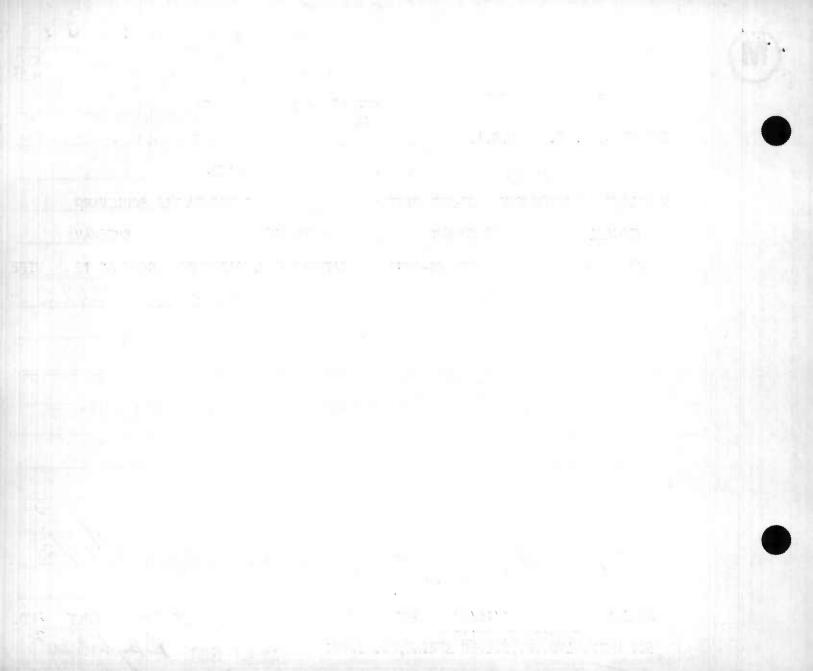


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BALTIMORE, MD URS AFTER DEATH URS AFTER DEATH WITH FORM PM WITH FORM PM PAGES 1 AND 2 DIVISION OF VITA				214-09			A. Atkin			
BA GWINS	18. CAUSI	E OF DEATH (Enter an	ly ane cause per line			- 1		4.	JITA PROSTA	HHARVART T
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1	16a \	ES. NO OR LINKNO	D EVER IN U.S. ARMED	FORCES? OR DATES)	166. SOCIAL S		0. 17	INFORM				ADDRESS				1.7
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	-	18. CAUSE O	F DEATH (Enter only one ATH WAS CAUSED BY:								74				PPROXIMATE WEEN ONSET	
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_	ATK	19a. DATE OF	OPERATION	198. CONDI	TION FOR WHIC	H OPERATI	ON WAS	PERFOR	MED?					20. A	AUTOPSY?	,
	FIC														YES 🔀	NO 🗆
1	CERTIFICATION		L CAUSE WAS	216. TIME O		T	21c. HOW	/ INJURY	OCCURRED	(ENTER NAT	TURE OF INJU	IRY IN ITEM 18 P	ART I OR P		150 149	140
)	ALC	UNDERLYING	OR CAUSE OF DEAT		A. MONTH DAY	YEAR 19										
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		22a. I certi	y that I took charge of t	the remains de	scribed obove, he	eld on _	Autopsy	X,	Inspection	□ ,	Inquiry	, and	d in my o	pinian		
	63	death result	ed from: Notural co	uses X,	Accident	, Suicid		Homic	ide 🔲 .	Undeterr	mined mor	nner .				
		ACTUAL	I A		200			TITLE (SI	PECIFY)							
_		ACTUAL SIGNATURE	Unge	Ma Z	Dolan		M.D.	Assi	stant	MEDIC	AL EXAMI	NER	SIGN		1/21	/80
2	-	EXAMINER'S	NAME													
		(TYPE OR PRI	Virgi		Dolan, 1			DRESS_				11 Per	in Si	tree	t	
	23a.B	PECIFY)	TION, REMOVAL 236. D.			OF CEMET			RY	23d. LOC.	TOWN			UNTY	ST	ATE
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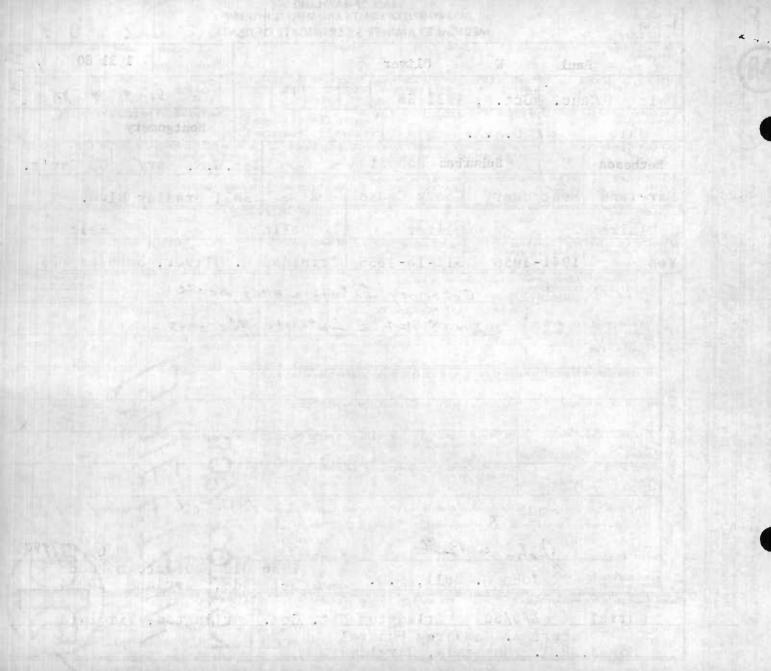




X			STATE OF MARYLAND	
0		FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
54		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	08
100		CEASED NAME FIRST	NAME:	DAY YEAR 75 HOUR
AA.	{TYP	E OR PRINT)	Or ESTI	. 60
#3E	3. SE)	ALIC 14 RACE	UHAN ESUN 1	5 19 80 CPM
	3. SEA	4. KACE	S DATE OF BIRTH MONTH DAY YEAR 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 20. DATE MONTH LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED	DAY YEAR 2d HOUR
		MALE WHITE	07 04 94 85 YRS. DEAD Jun - 6	· 1980 / PM
0	7a B0	RTHPLACE (STATE OR REIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY	OF DEATH
		TURKEY	U.S.A. WIDOWEDXX DIVORCED MONTGOMERY	440
		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. USUAL OCCUPATION (TYPE OF WORK 126	MD.
2	F	BETHESDA	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SUBURBAN HOSPITAL FOR MOST OF WORKING LIFE) HOMEMAKER	OR INDUSTRY HOME
_			OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	HOME
,	13a. S	TATE TUNCOUN	TY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS	
2			ROVIDENCE CRANSTON YESTX NO 7 RUXTON STREET	
1	14. FA	THER'S NAME FIRST	MIDDLE LAST FIRST MIDDLE	LAST
A		RICHARD	SERDJENIAN ROSE MOUSA	IAN
1	Iós. V	AS DECEASED EVER IN U.S. AR	ADDRESS IN SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	DETHECDA
I	(1	NO	S817 DURBIN ROAD, 004-48-6573 EDWARD M. OHANESON, M.D.	0.000
			ly ane cause per line far (a), (b), and (c),)	APPROXIMATE INTERVAL
I		PART I DEATH WAS CAUSE	DBY:	BETWEEN ONSET AND DEATH
		11 3 CA IMMEDIA	TECAUSE (a) Coronary Insufficency Acute	
		Canditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF	
		gave rise to immediate	(b) Cardio Vascular. Disease.	
1 (cause (a) stating the <u>under</u> - lying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
		Tyling coose last.	(c)	
	100	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
d	N			
H	ATI	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
4	FIC			
4	OK.	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY 216. HOW IN HIRY OCCURRED LENTER NATURE OF INJURY IN 18 FART LOR PART 2.	YES NO NO
1	MEDICAL CERTIFICATION	UNDERLYING OR	216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR	ELSISTE SE
l	CA	CONTRIBUTING CAUSE OF		
1	ED	21d. INJURY OCCURRED WHILE ON NOT WHILE O	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY	STATE
	2	AT WORK AT WORK	CHI ON TOWN COUNT	STAIL
			e of the remains described above, held an Autopsy 🔲, Inspection 🗶, Inquiry 🔘, and in my apinio	on
		death resulted fram: Natur	ral causes , Accident , Suicide , Hamicide , Undetermined manner ,	
		ACTUAL O O	TITLE (SPECIFY)	0 - laga
	-	ACTUAL SIGNATURE	n 90. Depoty MEDICAL EXAMINER SIGNEDA	Jan 5. 1910
7				MD
1		EXAMINER'S NAME (TYPE OR PRINT)	John G. Ball, M.D. ADDRESS 7936 Old Georgetown Rd	. Bethesd
1	23c. BI	JRIAL, CREMATION, REMOVAL 2	36 DATE 227, NAME OF CEMETERY OR CREMATORY 1234 LOCATION	
	(5	PECIFY)	10/00 Former City Company Design 1 Mari	STATE
	24 FI	Burial DINERAL DIRECTOR	/9/80 Forest City Cemetery Portland, Maine	VATURE
	24.1	Wobert A. Pu	imphrograssFuneral Homes, P. A. Date Rec'd. By Registrar 256. Registrary Sign	- Brackens
1		7557 Wiscons	in Ave. Bethesda, MD MANIU 1980	

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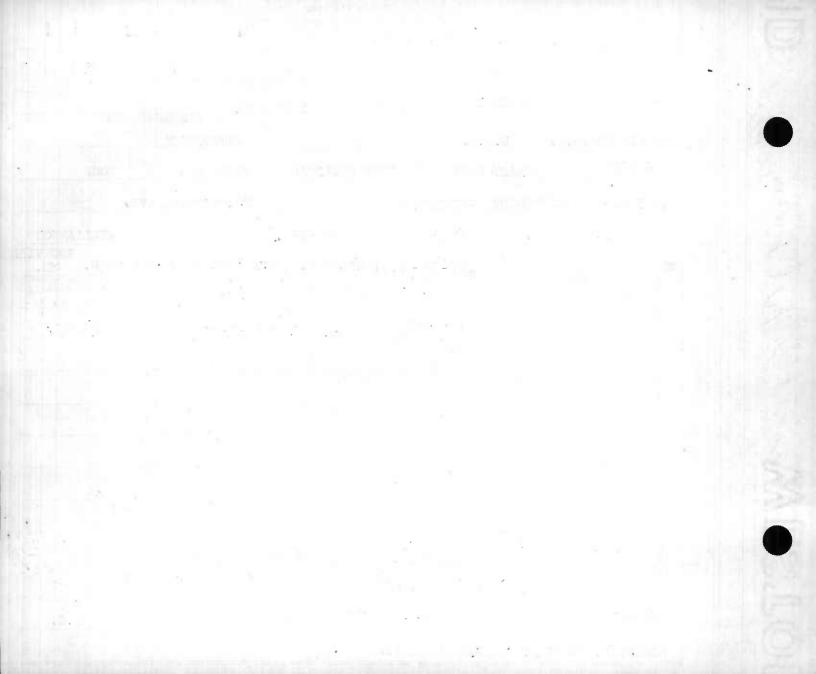
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^		CEASED NAME	FIRST		MIDDLE	LAST		20. DATE KNOW		DAY YEAR	26 HOUR
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STREET STREET	3. SEX	4. R/	ACE	5. DATE OF BIRTH	YEAR LAST BIRTHD	ARS IF UNDER 1 Y	R. IF UNDER 24 H	IRS. 2c. DATE	1 MONTH	DAY YEAR	2d. HOUR
ECESSARY FOR YOUR WITHIN 72 PRESTON 5	Ma	ale (auc.	Oct. 8,	1921 58 y	MOITING BALL	S HOURS MIN	DEAD	Jan.31.	1990,80	11 X M
A STAN A	7a B	RTHPLACE (STATE C)R	76 CITIZEN OF WE	AT COUNTRY?	8. MARRIED IX	NEVER MARRIED	9. BALTIMOREC		TY OF DEATH	
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AV IS REPORTED TO A STATE OF THE PARTY OF TH		TY OR TOWN OF D	EATH	11. NAME OF HOS	PITAL, NURSING HOMI	, OR OTHER INST		USUAL OCCUPATION FOR MOST OF WORKING LIFE	E1	0R INDUST	RY
S, 3		Bethesda			rban Hosp		Re	et.U.S. N	avy	US Gov	t.
ORO OR	USUA 13a. S	L RESIDENCE (IF IN	113b. COUNT	Υ	130 CITY OR TOWN	ON)	DE CITY LIMITS? 13e.	STREET ADDRESS			17.00
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RE, MD. R. DEATH RAND RAND RAND RAND RAND RAND RAND RAND		Claire		Middle	Oliver	1.00	Della	Middle		Welch	
N ORAGE	16e. V	VAS DECEASED EVE	R IN U.S. ARM	ED FORCES?	166. SOCIAL SECURIT	Y NO. 17 INFO	DRMANT	ADD	RESS		
ESTON ST., BALTIMORE, MD.: HIN 24 HOURS AFTER DEATH HIN 124 HOURS AFTER DEATH HIN 176M 18. GIVE PAGES 1 R ALONG WITH FORM PM SIT PREMIT. PAGES 1 AND 2: HYGIENE, DIVISION OF VITAL VAL.	Ye		1941	-1956	312-18-1	855 Tr	inidad 1	R. Oliver	. Samo	e as #1	3
BALTI DURS AF WITH C. PAGE DIVISIO		18. CAUSE OF DE	ATH (Enter anly	ane cause per line	for (a), (b), and (c).)					APPROXIMATI BETWEEN ONSE	INTERVAL
TON ST. N 24 HO I ITEM 1 ALONG PERMIT I PERMIT		PARTIDEATH	WAS CAUSED	BY: E CAUSE (o)	AS A CONSEQUENCE	In Sof	finiance	y doute		BETWEEN ONSE	AND DEATH
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W. PREST D WITHIN ENCIL IN AMINER . TRANSIT ENTAL HY		cause (a) stati	ng the under-	DUE TO, OR	AS A CONSEQUENCE	OF .					
35, 301 W. PREST XECUTED WITHIN G". IN PENCIL IN CAL EXAMINER A RANIMAL'REANSIT AND MENTAL HY ON, OR REMOVAL	100	lying cause la	st.	(6)						17.00	
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BIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 2120 S. CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH # AN RITING THE WORD. "PENDING". IN PENCIL IN ITEM 18. GIVE PAGES 1.2 AN ROBED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. # # # # # # # # # # # # # # # # # # #	Z										
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OF VII	1 8	21a EXTERNAL CA		216. TIME OF		21c. HOW INJU	JRY OCCURRED (E	NTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PA	ART 2]	
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DIVISION OF VIT. B. THIS CERTIFICATE SHIRE, WARTING THE WORN INWARDED TO THE CO. S. PAGE 3 SHOULD BE STATE DEPARMENT OF STATE	Z	WHILE AT WORK	T WHILE	STREET, FACT	ORY, FARM, ETC.]	STREET		CITY OR TOWN	co	YTAU	STATE
E, V RW, RW, STA 2120				1.1			Inspection	1	4.1		
S H S S S H S		death resulted fro	_	al causes	Accident . Su	Autopsy			and in my a	pinian	
RTIF RTIF YLA		death resulted fro	om: Natura	al couses LZN	Accident L.J., Su			ndetermined manner			
MAR WAR		ACTUAL	0	ohn s.	Bell	M.D. \mathcal{P}	E (SPECIFY)		DATE	Jan 311	980
SHE SHE		SIGNATURE	1	Triple of		M.D	7936	MEDICAL EXAMINER Old Georg	SIGNI	Road	
MA DIA	-	EXAMINER'S NAM	IE /	John G.	Ba11, M.) .		sda, Mary			
TO MEDICAL EXAMINER: THIS CERT EXECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDED TO FUNEAL DIRECTOR: PAGE 3 SAFE DEP BATTIMORE, MARYLAND, 21201 PRIO	23o.B	JRIAL CREMATION			23c. NAME OF CE	ADDRES		d. LOCATION			
1 7 / 1 /	(:	Buria1		2/6/80				CITY OR TOWN	cou		ATE
POUX BP	24. F	UNERAL DIRECTOR				ton Nat	250. DATE REC'I	Arlingto	REGISTRAR'S	SIGNATURE	
(VR A15 ME (5))		NAME	Rober		nphrey Fu		FEB 1	3 1980	proprey,	MaCreody	
15M 7/77		Homes	PA	Bethe	sda, Mar	rland					



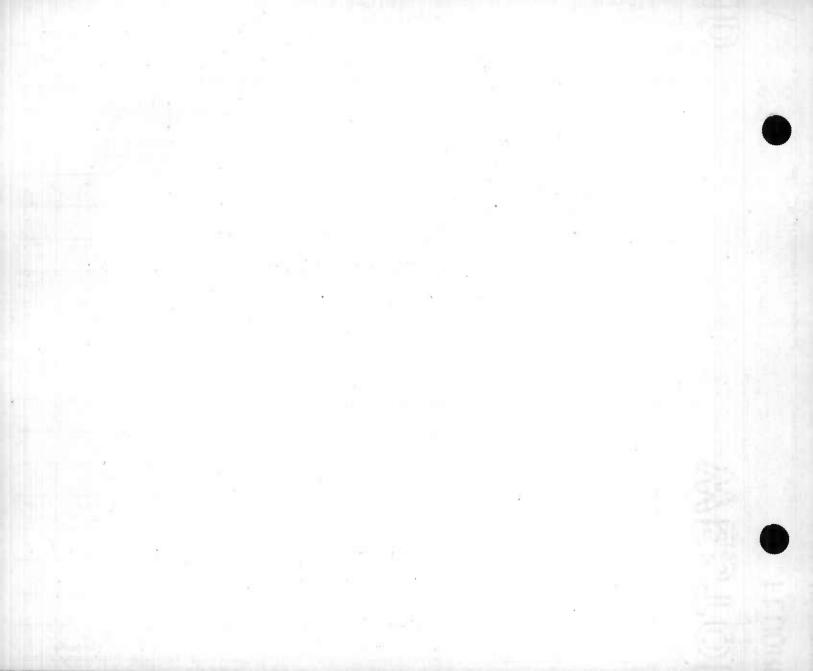
ALEX SALE SALE (PRIME) ALEX SALE (PRIME) ALEX					STATE OF MARYLAND			40.00
LDECEASED NAME (183) ALEX F. OMSON J.A. 7, 198 B. TAIL MONTH ON THE PROPERTY OF THE PROPERTY		1 -	STATE	DEPA		0 U	021	10
3 SEX MALE			OP PRINT)			20 DATE OF DEATH	MONTH DAY YE	EAR 26. HOUR
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16 - BRITHALACE STATIONOMINE DEATH 17 - STOWN OF DEATH 18 - CITY OR TOWN OF DEATH 19 - CITY OR TOWN ON DEATH 10 - CITY OR TOWN ON DEATH 10 - CITY OR TOWN ON DEATH 11 - CASE OF DEATH 12 - CITY OR TOWN ON DEATH 13 - CITY OR TOWN ON DEATH 14 - CITY OR TOWN ON DEATH 15 - CITY OR TOWN ON DEATH 16 - CITY OR TOWN ON DEATH 17 - CITY OR TOWN ON DEATH 18 - CITY OR TOWN ON DEATH 18 - CITY OR TOWN ON DEATH 19 - CITY	Qn				MONTH DAY YEAR		MONTHS	
18 CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12 USUAL OCCUPATION 13 KIND OF BU 15	Oce	CC	DUNTRY)		PV2 II	9. BALTIMORE CITY O	R COUNTY OF DEA	тн
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(VRA 15, 4) 7/7B	F	OBERT A. PUMPHI	REY FUNER	AL HOMES	P/A	MD.	.000	-Jule	- y



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE. - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME 2a DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) IRA 4 RACE AGE (IN YEARS LAST BIRTHDAY) SELINDER LYEAR IF UNDER 24 HRS. 3 SEX MONTH YEAR DAYS HOURS. 1910 BALTIMORE CITY OR COUNTY OF DEATH IN BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED T NEVER MARRIED WIDOWED DIVORCED [Washington, DC II. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OF IN CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOT INTUCH FACILITY, GIVE STREET ADDRESS) Private USUAL RESIDENCE AF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION! 13d. INSIDE CITY LIMITS? IS MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE LAST FIRST MIDDLE George Brockman Estel1 Monroe MAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT No William Parker, husband. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).
PART I. DEATH WAS CAUSED BY: CARDIO-USSG IMMEDIATE CAUSE (0)_ 6. months oron are Conditions, if any, which gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CMETASTASIA 10 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20h. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PAA 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY CITY OF TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK do, that (I) (we) last 22a | certify that (1) (this hospital) attended the deceased from, . 19 - PO ___ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on_ obove, (1) (was (did not) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED -MEDICAL ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ,01 MPORTANT 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) id b N. HAMPSH. AUC. SS. VERDNIKA 120051. £ 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23s. BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY) BP. Harmony Memorial Park Highland Park P.G. Maryland Burial PATE REC'D. BY REGISTRAR 216 PROISTRAR'S SIGNATURE N. FLORRAL DIRECTOR DHMH-16 20M 7400 Georgia Ave.NW, Wash. DC (VRA 15, 4) 7/7B



Alexandria, Va. 22314

(VRA 15(4))

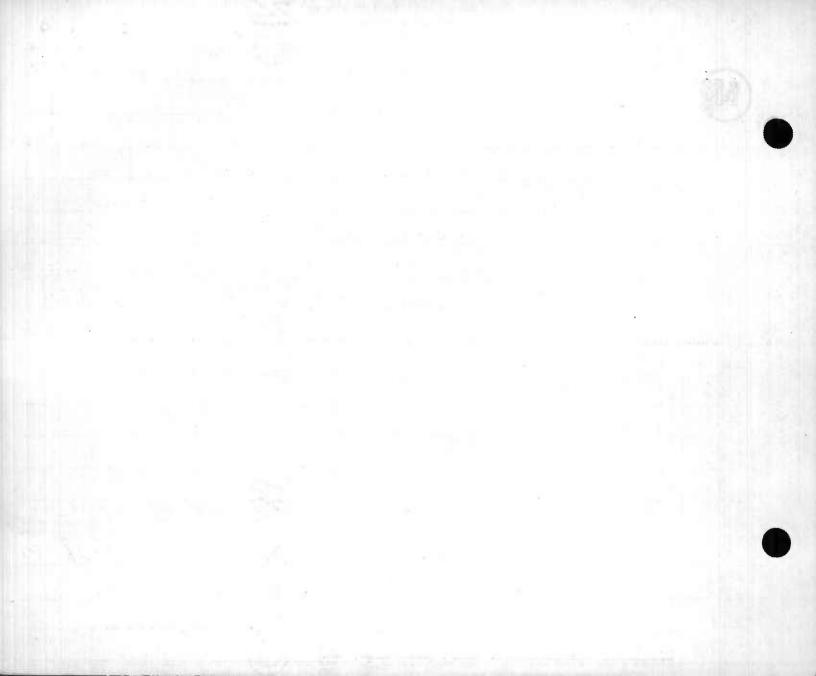
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 2a. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) 26 80 3 SEX 4 RACE AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 5. DATE OF BIRTH MONTH YEAR DAYS HOURS Caucasian Female 1898 To BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Pennsylvania
10 CITY OR TOWN OF DEATH WIDOWED DIVORCED | Montgomerv 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Silver Spring Holy Cross Hospital Homemaker Home USUAL RESIDENCE LIF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13e STATE 131 COUNTY 13c. CITY OR TOWN 134. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Montgomery Bethesda 5113 Wickett Terrace YES TX NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Moses Breakstone Dora Levinson ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) N/A 579-60-9830 Nancy Glick, 5112 Wickett Terr. Bethesda, Md. No 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10 RECORDS, 201 W. PRESTON if ony, which gove rise to immediate (o), stoting underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES [NO [21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Hem 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 214 INJURY OCCURRED 21ª PLACE OF INJURY 211 LOCATION ö (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE NOT WHILE AT WORK 220.1 certify that (1) Ithis hospital) offended the deceased from and that in (my)(our) opinion death accurred on the date and hour and from the causes stated 226 SIGNATE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR | PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Morton Shapiro, 5225 Pooks Hill Rd., Bethesda, Md. 23a BURIAL, CREMATION, REMOVAL (SPECIFY) 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY 236 DATE STATE COUNTY Burial 1-29-80 Washington Hebrew Cond. Washington, D. C 250. DATE REGID BY REGISTRAR 250 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH-16 20M (VRA 15, 4) 7/78 DANZANSKY-GOLDBERG MEM. CHAP. Rockville, Md.



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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COR SNDIN AS A ALTH	ō	/Veno	
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IN OF V	0	UNDERLYING OR HOUR A.M. MONTH DAY YEAR	
O O O O O O O O O O O O O O O O O O O	3	CONTRIBUTING CAUSE OF DEATH P.M. 19	
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DIVIS HIS CER WRITING WE 3 S VGE 3 S VTE DEP	Σ	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY	STATE
E: THIS (TE, WRI] SRWARD STATE		AT WORK	
2		22a. I certify that I took charge of the remains described above, held an Autopsy 🔲, Inspection 🖳 Inquiry 🔲, and in my opinion	1
L EXAMINER E CERTIFICAT DIND BE TO BE I, WITH THE MARYLAND,		death resulted fram: Natural causes Accident Suicide , Hamicide , Undetermined manner ,	
EXAMINE BE DIRECT WITH ARYLA		TITLE (SPECIFY)	
CER CER CER OULD DIR		ACTUAL DATE ()	11 10 FK
A HANDER	1	SIGNATURE M.D. MEDICAL EXAMINER SIGNED	n/8,1950
OR OR S		EXAMPLES NAMEJOHN S. ROGERS 1919 SEMINARY ROAD, SILVER	SPRING MD
M D M E M M	1	EXAMPLES NAME JOHN S. ROGERS 1919 SEMINARY ROAD, SILVER	STRINO, MV.
TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL AFTER DEATH BALTIMORE, MA	23 a. B	BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CHYORTOWN COUNTY	
-6300		BURIAL 1/14/80 GATE OF HEAVEN SILVER SPRING MOI	NT MD.
BP			
DHMH - 17 (VR A15 ME (5))	1.7.	ADDRESS -	Uresdy
30M 7/73	50	500 UNIV BLUD W SILVER SPRING ND. 20901 JAN 1 6 1980	

ALIENRAS TENTOTS 111 DISCO CREEKLIST AVE STT-CS-1045 JOSEPH J. PILLA

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MAJARASTA TOTAL TO

	1			STATE OF MARYLAND		
	1.	FOR STATE	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE	02122
6		REGISTRAR	LIP.	CERTIFICATE OF DEATH	REG. N	
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fter .	3. SE	1	(RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST DIR	MONTHS DAYS HOURS MIN
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IS C		heaton	University Usa.	Home	Plasterer	Building
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E.			ntoomery Kensino		11915 (orovada Pl.
ex C	14. F.	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N	AME	LAST
35		(unl	known)		(unknown	1
a mede		VAS DECEASED EVER IN U.S.	SIVE WAS OR DATES	URITY NO 17 INFORMANT (da	ughter) Mar	y L. De Filippo
the !		0.0	578-01	-0119A MAXXXRAX	******** (y L. De Filippo same as 13e)
vent		18 CAUSE OF DEATH (Enter	anly ane cause per line far (a), (b), a	indicta		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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emati		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU			
, e		underlying cause last	DOE TO, OR AS A CONSEC	DETACE OF		
buri		PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART I(a)
any ii	N N	CEPEBROU	ASCULAR INSUFF	4 CIRNCE WITH SE	ENICE IND	VITION)
ws a	CERTIFICATION	190 DATE OF OPERATION		HOPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED
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Hyge 18	1 8	210. ACCIDENT WAS UNDERLYING			RRED JENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)
or Item	₹	OR CONTRIBUTING CAUSE OF		DAY YEAR		
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anc narke	₹	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.)	CITY OF TO	WN COUNTY STATE
is n		220 certify that (1) (this ha	spital) attended the deceased from	Aml 1976	2 to 1	20 19 00 , that (1) (we) la
n 21	1		nat view the body after death.		n death occurred on the d	ate and have and from the causes stated
ter.	1	226 SIGNATURE	nat new the body after death.	DEGREE		22c. DATE SIGNED
T: If		Ments.	12. 8	M. ATTENDING	MEDICAL STA	
AN	1	224 PHYSICIAN'S NAME ITY	E OR PRINT)			_
with the State		MARTIN	SHARGEL.	4.) 37	20 FARRA	GUT AVENUE MD -20795
IMP —	22-	BURIAL, CREMATION, REMOV		NAME OF CEMETERY OR CREMATORY		MD -20113
	230.	SPECIFY)			CITY OR TOWN	COUNTY STATE
	24.5	Burial	1-23-80	ate of Heaven	I Silver	Spring Montgomer
16 25M	Wa	rmer E. Pum	phrey, Incomes	1 by 11/1001 JF	M.S. Q. JARON	25 HES STRAY S SIGNATURE
5, 4) 1/79	84	34 Ga. Ave.	, S.S. Md.	m 6 union		

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1	- STATE REGISTRAR			DEFAR		ICATE OF DE		REG.	NO O	2 1	2 4
	DECEASED NAME	FIRST		MIODLE	L	AST		20 DATE OF DEATH		DAY YEAR	2b HOUR
("	PE OKPRINI)	James	I	Ξ	Ra	У		January	18, 1	980	4:15 A
3. 5	SEX	4	RACE		5. DATE O		YEAR	6 AGE (IN YEARS LAST E	IRTHDAY)	IF UNDER ! YEAR	IF UNDER 24 HRS
	Male		Wh:	ite			1925	54	YRS	MONTHS DAYS	HOURS MIN
70.	BIRTHPLACE (STATE O	R FOREIGN 7	CITIZEN OF	WHAT COUNTR	Y? 8	NEVER MA	PRIED [9 BALTIMORE CITY	OR COUNT	OF DEATH	
S	Kentucky		U.S.	Α.	WIDOWE		RCED	Montgom	erv C	ounty,	MD.
10	CITY OR TOWN OF E	EATH 1	1. NAME OF	HOSPITAL, NURS		R OTHER INSTIT	UTION	12a USUAL OCCUPA			F BUSINESS OR
6 1	Bethesda			cal Cer		NIH)		Laborer	OT WORKING U	.,	ruction
130	ual residence (# N 1 STATE Florida	13P CORNI	oto	Arcadi)WN	13d INSIDE CITY	LIMITS?	13e STREET ADDRESS	, Box	2531	
14	FATHER'S NAME	441	DDLE	LAST		15. MOTHER'S A					
4	William	1	-	Ray			ace	MIDDLE		Coker	
2 160	WAS DECEASED EV	R IN U.S. ARM		166 SOCIAL SE	CURITY NO.	17. INFORMAN		ADD	RESS (S	ame as	above)
7	Unknown	-		413-26	-6637	Mrs.	Ona R	ay (wife) (3		
	18 CAUSE OF DE	ATH Enter only WAS CAUSED	RY	10	1					BETWEEN	ONSET AND DEATH
	1729	IMMEDIATE	CAOSE 10)	R AS A CONSEG	DUENCE OF	rege.					
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	gave rise to i cause (a), sto underlying cau	ting the	DUE TO, O	R AS A CONSEG	DUENCE OF						
Z N		GNIFICANT CO	ONDITIONS C	ONTRIBUTING TO	O DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OR CO	NDITION GIV	EN IN PART 10	0
CERTIFICATION	19a DATE OF OPE	RATION	196 COND	ITION FOR WHIC	CH OPERATION	N WAS PERFORM	NED	20a AUTOPSY?	IN CERTIF	S, WERE FINDIN	
	OR CONTROLOUTING	CAUSE OF DEATH	' 1	DE INJURY M. MONTH M.	DAY YEAR	21c HOW INJU	RY OCCURR	ED (ENTER NATURE OF IN	FURY IN ITEM 18, I	PART (OR PART 2)	
MEDICAL		WHILE WORK		OF INJURY REET, FACTORY, OFFIC	E, FARM, ETC.)	211 LOCATION STREET		CITY OR T	OWN	COUNTY	STATE
	22a.1 certify that saw the dece abave, X/we	(this haspital ased alive on (did)(XXX	Jan	18, 19	Dec.	30 , d that in (½ () (a	19 <u>79</u> ur) apınıan d	ta Jan. leath accurred on the	18. date and hou	19 <u>80</u> , or and from the	that (X(we) last causes stated
	5 SIGNATURE	A. Che	for Y	n.a.	C		ENDING YSICIAN		AFF ICIAN 📜	22c. DATE	SIGNED 80
	BYrow	MAME (TYPE OR F	sbro.	ma.	143	Nation Clinic	nal I	nstitute enter, B	s of ethes	Health da, Md	, 20205
23 0	BURIAL, CREMATIO	N, REMOVAL	23b. DATÉ	23	NAME OF C	EMETERY OR CR	MATORY	23d. LOCATION CITY OF TOWN		COUNTY	STATE
	Burial		Jan/21	/80	Jonesvi	lle Ceme	etery	Oliver	Spring	s. Tenr	essee

DHMH - 16 50M 1/76 (VR A 15 (4))

Riverdale, Maryland Chambers Funeral Home

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10	12	1-	FOR STATE					AND MENTAL	16.77	0	2 1	2)	5
	9	1	REGISTRAR		ME	DICAL EXAMI	NER'S	CERTIFICATE	OF DEATH U	REG. NO.	6 1	to .	7
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	HE BE	10 C	TY OR TOWN OF DE	ATH 11. !	NAME OF HOS	PITAL, NURSING HO	ME, OR OTH	ER INSTITUTION	120. USUAL OCC	JPATION (TYPE O	F WORK 126 K	IND OF BUST	INESS
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	SHOUL RECOLUTION		ryland	Mont go	mery	Sumner		YES X NO	130 STREET ADDR	cars dal	Le Roa	ıd	
		14. F/	THER'S NAME	MID		LAST		15. MOTHER'S MAIL	DEN NAME	MIDDLE		LAST	
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	R: THIS C FE, WRIT DRWARD SPAGE: STATE C				ha samaias das	cribed obove, held an	Autop	sy Inspecti	on Inquir	[X			
	LEXAMINER: THE CERTIFICATE FOULD A THE STATE THE ST		death resulted from				Suicide	Homicide .	Undetermined n		in my opinion		
	KAM ERTIF ID BI IREC WITH		deall resolved from	140101010	oses (L.J.,	Accident,	Juicide		Onderermined in	ionner,			
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	TO MEDICAL E. EXECUTE THE C. FOUR ARION TO FUNCE ARION AFTER DEATH, V. BALTIMORE, MA	-	EXAMINER'S NAME (TYPE OR PRINT)	John G	. Bal:	1, MD.		ADDRESS 7936	Old Geo	rgetov	vn Rd.	Bet1	nesda
-	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	23a.B	URIAL, CREMATION, R	EMOVAL 236. DA	ATE	23c. NAME OF C	EMETERY C		23d. LOCATION		COUNTY	STATE	
5	1802	1	Burial	1-2	28-80	Glenwo	od C	emetery	Washi	ngton.	DC		
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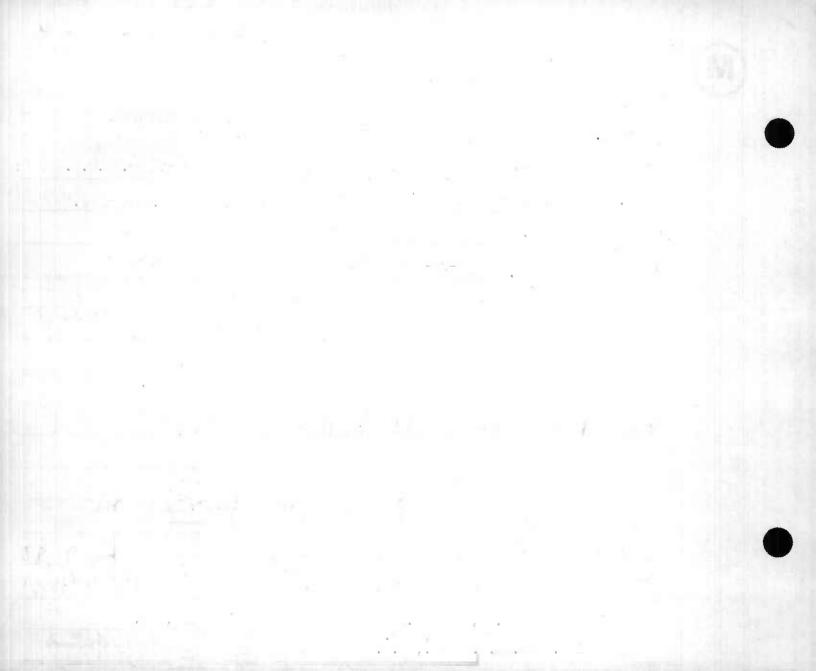
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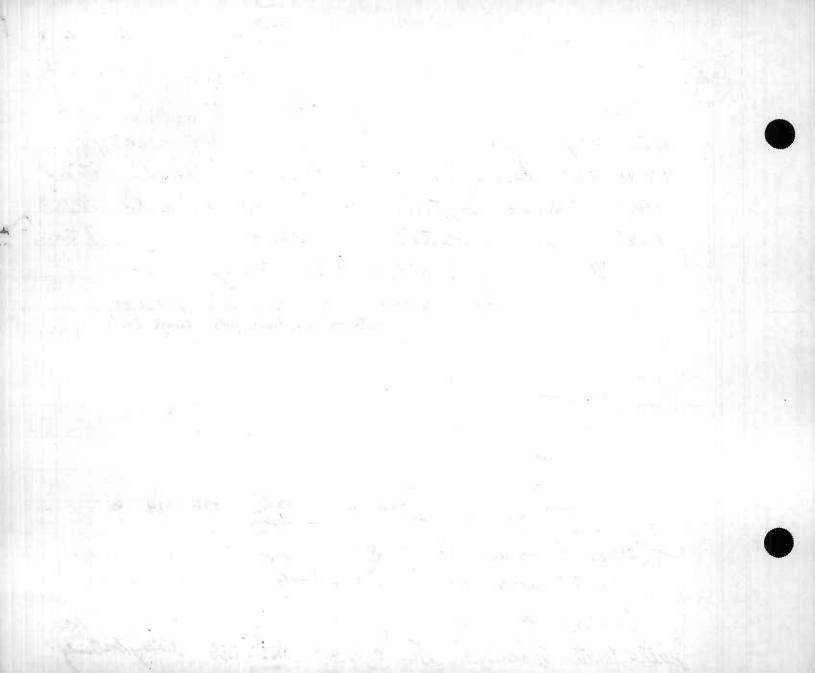
			STATE OF MARYLAND				
1	8	11.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE	5 0	1	4 >	in
U			REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DESTHUR REG.	8. 4	. 1	600	0
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	E E	3. SE)		MONTH	DAY	19 80 YEAR	9:04P
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1301	F ANY E AND 3 SHOULD SHOULD RECORD		led Mont Jilopa YES NO De 1 8 6240	ردري	1001	MARI	Ave
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2	DEATH AND 2 AND 2		FIRST Warkshoeous Reed Cheeth MIDDLE	Show	104	16	-) (
å	TER DE ATH PAGES 1, FORM PM S 1 AND 2	160. V	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17, INFORMANT ADDRESS	Sec.	70		
Tag CAST	V 24 HOURS AFTER DEATH IN V 24 HOURS AFTER DEATH IN V 24 HOURS AFTER DEATH IN V 24 ALONG WITH FORM PM 3. PERMIT, PAGES I AND 2. SYGIENE, DIVISION OF WITH	(4	YES NO. OR UNKNOWN] (IF YES, GIVE WAR OR DATES) 578-07-7171 Trances) 0		130	2).
4	JRS A GIV WITH PAG PAG DIVISI		18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).)	£	1	APPROXIMATE	INTERVAL
5	HOURS A 18. GI VG WIT WIT. PA		PART I DEATH WAS CAUSED BY:	18	BET	WEEN ONSE	T AND DEATH
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201000	NAT A PER IN		Conditions if any which			Kr.	,
	PENCIL (AMINE) (L-TRAN) AENTAL		gave rise to immediate (b)	1.5		77	
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5	EXECUTED JG" IN PEI JG" IN P		(c)				
SECOND SECOND	JID BE EXI PENDING FF MEDICA ED AS A E HEALTH A	7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).				
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	LINE OF STREET	-	EXAMINER'S NAME				
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20 DATE KNOWN DECEASED NAME LTYPE OR PE BARBARA KING REICHELDERFER DEATH MATED DATE OF BIRTH 2c. DATE LAST BIRTHDAY) PRONOUNCED 27 34 45 DEAD Cauca. 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Montgoiner U.S.A. Washington, DC DIVORCED 126 KIND OF BUSINESS IQ CITY OR TOWN OF DEATH . 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Homemaker Adventist Home JSUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY EIMITS? 130. STREET ADDRESS 113b. COUNTY 7522 Persimmon Tree Lane Bethesda Montgomery Maryland YES X NO [] 15. MOTHER'S MAIDEN NAME AAIDDE Kathryn Preston Jr. Larcumbe 7. INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 1260 Travilah 578 92 2600 No Preston C. King, Jr. Rd. Pot. Md 18. CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Coronary Insufficiency IMMEDIATE CAUSE (a). Conditions, if ony, which gave rise to immediate couse (o) stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 196. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF BURIAL, DEPARTMENT 716 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR PRIOR TO MEDICAL CONTRIBUTING CAUSE OF DEATH 21a. PLACE OF INJURY LATHOME If LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK TO MEDICAL EXAMINER: 1
EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: PAFFER DEATH, WITH THE SI BALTIMORE, MARYLAND, 21 Inspection X 228. I certify that I taak charge of the remains described above, held an Autopsy and in my opinion Homicide death resulted from: Undetermined manner Natural causes TITLE (SPECIFY) ACTUAL Old Georgetown Rd. Bethesda, EXAMINER'S NAME John G. Ball, M.D. 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 1/24/80 Rock Creek Cemetery Burial Washington, D.C. 24. FUNERAL DIRECTOR ROBERT A. PUMPHREY FUNERAL 250. DATE REC'D. BY REGISTRAR 25b. REGISTR **DHMH-17** 2 9 1980 (VR A15 ME (5)) P.A. BETHESDA, MARYLAND 15M 7/76

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) Gertrude P. 11:50% Roddy Jan, 1980 4. RACE A AGE (IN YEARS LAST BIRTHDAY) 3. SEX 5. DATE OF BIRTH IE LINIDER I VEAR IF UNDER 24 HRS 1908 YEAR MONTH HOURS Aug.9. Female Caucasian To BIRTHPLACE ISTATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH COUNTRY NEVER MARRIED IISA Montgomery 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12h, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Rockville Rockville Artist Education DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 130 STATE 13d. INSIDE CITY LIMITS? 134 STREET ADDD' SS Md. Bethesda Monte 8005 Westover Rd. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Treadon Charles Palecek Mathilde 166 SOCIAL SECURITY NO ADDRESS 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 219-48-9683 Vincent S. Roddy Same as 13 18 CAUSE OF DEATH (Enter only one couse per line for (a) b), and PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE to gove rise to immediate couse 101 stotina DUE TO OR AS A CONSPOUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21g. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (F EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 71e PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE 220.1 certify that (1) (this hospital) attended the deceased from... ceased alive on. ond that in (my) (par) apinion death accurred on the date and hour and from the causes stated (we) (did not) view the body ofter death DEGREE EDIC AL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN LIAN S NAME (TYPE OR 22e ADDRESS should be with the 5272 River Bethesda, Md. Joseph Wallace. Rd. 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Burial Jan. 10.1980 Gate of Heaven Silver Spring. 24 FUNERAL DIRECTOR Robert Pumphrey Funeral 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S DHMH - 16 50M 1/76 Homes, P.A. Bethesda, Md. (VR A 15 (4))

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ADDRESS

W. W. Chambers Co.

Silver Spring, Md.

FOR

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

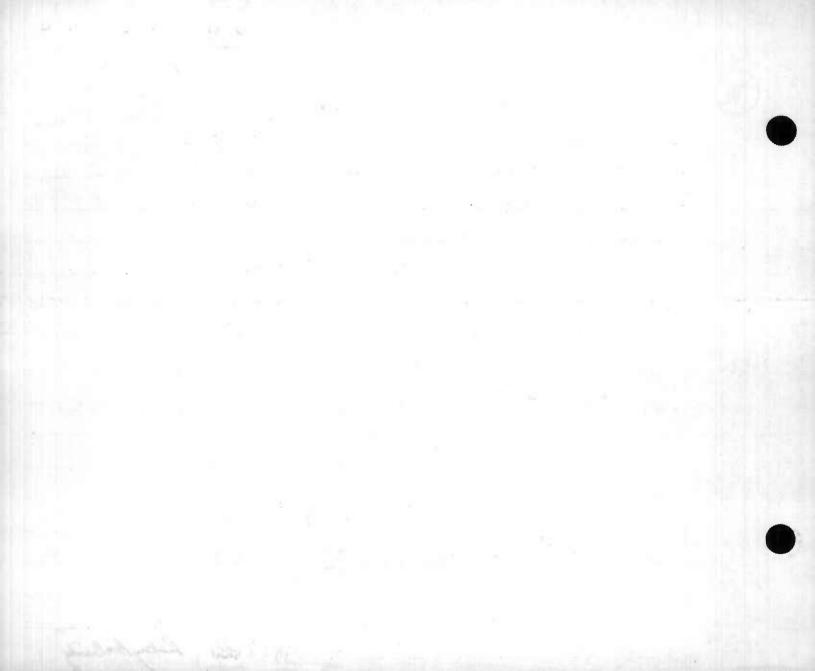
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH U REGISTRAR DECEASED NAME 20. DATE KNOWN 2h HOUR (TYPE OR PRINT) DEATH MATED Finn Ronne DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 3. SEX DATE LAST BIRTHDAY) PRONOUNCED Dec. 20 1899 DEAD white 80 YRS male 9. BALTIMORE GRY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED POREIGN COUNTRY) U.S.A. Montgomery DIVORCED 126. USUAL OCCUPATION (TYPE OF WORK D CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS Glen Echo 6323 Wiscasset Road Polar Explorer Explorer 13d. INSIDE CITY LIMITS? 13a. STATE 6323 Wiscasset Road Maryland Montgomery Glen Echo YESX A FATHER'S NAME 15. MOTHER'S MAIDEN NAME MICOLE Richard Ronne Maren (Unknown) 17 INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) 169-10-4885 Edith Ronne, Wife. Same as item 13. WWLI CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ArterioSclerotie Cardio Vascular Digerse. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Generalized Arteriosclerosts -Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES -NOXX 21g EXTERNAL CAUSE WAS 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e. PLACE OF INJURY (AT HOME, 211 LOCATION 21d. INJURY OCCURRED AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STATE CITY OR TOWN COUNTY 22a. I certify that I taak charge of the remains described above, held an Hamicide DATE SIGNED 1-12-80 SIGNATURE EXAMINER'S NAME 7936 Old Georgetown Rd., Bethesda, Md. John G. Ball TYPE OR PRINT) 236. NAME OF CEMETERY OR CREMATORY 38. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 1/16/1980 Arlington National Cemetery Arlington, Virginia 5130 Wisconsin Ave Wid DATE REC'D. BY REGISTRAR 25h PEGISTRAR'S AGNATURE 24. FUNERAL DIRECTOR **DHMH - 17** awler's Sons Inc. ashington, D.C. (VR A15 ME (5)) 15M 7/76

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	o de la constantina della cons		3 SE	<i>f</i> -	tare	1 PACE	1	NO DATE O	1115/ 2/1	N I	AGE (IN YEARS	LAST BIRTHDAY	JE UN	DER I YEAR	12 p.M
	4 (問題)			lale		Cauca	sian	MONTE	DAY	YEAR		EAST BIRTHDAT	MONTH		HOURS MIN
_	oge			RTHPLACE (STATE OR FO	OBEICN		WHAT COUNTRY?		14, 1905		74 BALTIMORE		YRS.	DEATH	
	rol 72	17	C	DUNTRY)		78 CITIZEN OF	WHAT COUNTRY!	MARRIE	NEVER MARR	RIED 📙		_	UNITOFE	DEATH	
	the fune d within	TI	Dis	trict Col	umbia	USA II NAME OF	HOSPITAL NILIPSIN	WIDOWE	D DIVORO		Montgo 20 USUALOC		111	AL VINID O	MD.
-	s ofter o	71		oma Park		(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)			TYPE OF WORK FO		ING LIFE) IN	DUSTRY	F BUSINESS OR
120	hours off		-	AL RESIDENCE (IF NURS			gton Adve		Hospital		Owner		<u> </u>	iquo	Store
BALTIMORE, MARYLAND 2120	4 ho	26	13a S	TATE	136 COUN	TY	13c. CITY OR TOW		134. INSIDE CITY L		3e STREET AD				
NY.	hin 24 h	20		Yland THER'S NAME	Monto	omery	Chevy Ch	ase	YES NO			laine	Drive		
ARY	ete 12		14.67	FIRST	W	MODLE	EAST		15 MOTHER'S MA FIRST	UDEN NAME		NIDDLE		LAS	T
X	÷ 0	1.50		olomon			Rubinste		Bessi	e				Bay	lin
ORE	n ond c			(AS DECEASED EVER ES, NO OR UNKNOWN)		WAR OR DATES)	166 SOCIAL SECU	JRITY NO	17 INFORMANT			ADDRESS		Chev	y Chase,
T.				0	N/A	1	577-09-	0715A	Frances	Rubins	stein,	2308 B	laine	Dr.	Maryland
BAL	physicion onpopers. emovol.			18. CAUSE OF DEAT PART I. DEATH W	H (Enter onl	y one couse pe	r line for (a), (b), on							APPROXI	MATE INTERVAL
	ng physical bon poper removol.			PARTI DEATH W	IMMEDIATI		Brain	Stei	- Info	archio	~			2-3	days.
NO	4 600	5		43,49		DUE TO, C	R AS A CONSEQU								9
EST	te deoth ce te ottending smove corb motion, or r			Conditions, if ony,		(b)_	Cerebr	al l	Jascula	~ Di	lean			5	years
8	4 455	2		gove rise to improve couse (a), stating	g the	DUE TO, C	R AS A CONSEQU	ENCE OF							/
3				underlying couse	lost	(c)_	Gener	2122	d Done	~ 5 CS	Levei	retr		5-	rear
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	v 00 -		_	PART 2 OTHER SIGN	VIFICANT C	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO T	THE TERMIN	AL DISEASE C	R CONDITION	V GIVEN IN	PART 1)1
S D	9 s d d :		ŏ	my	10 can	rdid	Infa	nete	on						
5	ow re		CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORME	D	20a AUTOPS	Y? 20b.	IF YES, WE	RE FINDIN	OF DEATH?
A R	The lo	2	E								YES 🗆 🖪	ুহ	YES [NO [
VIT	physicion physicion rificote h of tronsit to! Hygier	5 6	Ü	21a ACCIDENT WAS UNE		21b. TIME C		AV YEAR	21c. HOW INJURY	Y OCCURRE	D (ENTER NATUR	OF INJURY IN ITE	M 18, PART 1 C	OR PART 2)	
9	HYSICIA ading ph ais certifi buriol-ti I Mentol		ZAL CAL	OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC		In .	.M.	19							
Ö		5	MEDICAL	21d. INJURY OCCUR			OF INJURY	ARM ETC.)	211 LOCATION		CI	Y OR TOWN	CI	OUNTY	STATE
N N	or offer the Affer the offh and	2	2	AT WORK ON AT WO	HILE C	(A) HOME, SI	MEET, FACTORT, OFFICE, I	ARM, ETC.)			,				STATE
٥	NDIN of or NSe o deolfil			22a.1 certify that (1)	(this hospit	ol) ottended ti	he deceased from_	11/20	. 19	979	, to 1	7	, 19	80	that (I) (ye) lost
	hospitol IRECTOR: hed for us ept of He			sow the deceose obove, (i) (we) (c	d alive on	1 / 6		0 .01	d that in (my) (ear)	opinion de	oth occurred o	n the date on	d hour ond	from the	couses stated
	hos ined thed	b		22b. SIGNATURE	and item	PI	girer deoin		DEGREE		T			22c. DATE	SIGNED
	후 다 한 다 보			Level	ME	Pare	-ino		ATTEN	NDING	MEDICAL DIRECTOR	STAFF PHYSICIAN [- I	1/7	1/80
		,		224 PHYSICIAN'S NA	AME (TYPE OR	PRINT)			22e ADDRESS	/					
	Day of S	5		Keit	1 M	·Lini	1 anou	,	WA	4					
	show with	-	23a E	URIAL, CREMATION,	REMOVAL	23b. DATE	2301	NAME OF C	EMETERY OR CREM	AATORY	23d. LOCATIO	ON'			
2	7 BP		- (PECIFY)							CITY OR TO	WN	COUN		STATE
				urail NERAL DIRECTOR		11-10-8		Mar]	srael Cer	25a DATE R	Oxon EC'D. BY REG	ISTRAR 25b. P	Ger GISTRAR'S	S SIGNAT	ary and
	DHMH-16 20 (VRA 15, 4) 7,		DA	NAME	משפח זו	C MEM C	ADDRESS	alessá 7.7	5M 0	JAN 1	4 1980	A.	-	Son R.	
			DA	NZANSKY-GC	TOPER	G MEM.	mar. RO	?VATT]	e, Md.	INWIA 7	4 1000		700		-



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers: Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

of once.

notified o

injury, or other troumatic event, the

MPORTANT: If Item 21 is marked or Item 18 shows any

Capitol Funeral Service

FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND CERTIFICATE OF

MENTAL HYG	IENE	O REG. I	0	2	I	4	6
	2a. DA1	E OF DEATH	MONTH	DAY	YEAR	2b	HC

								REO. INC			1	
	CEASED NAME	FIRST	^	VIDDIE	L	AST	2	a. DATE OF DEATH	NONTH DAY	YEAR	26 HOL	. /
(IIIFE	OR PRINT)	EVA	SY	BILLA	R	UTH		Jan. 23, 19	980		120	/pam
3. SE>	<		4 RACE		5. DATE O		6.	. AGE (IN YEARS LAST BIRTH		UNDER 1 YEAR	# UNDER	
F	emale		Caucasi	an	Apri			8	O YRS.	NTHS DAYS	HOURS	MIN.
7a. BII	RTHPLACE STATE O	R FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAADDIE	NEVER MARRIED	X 9.	BALTIMORE CITY OF	COUNTYO	FDEATH		
	ennsylvar		U.S.A.		WIDOWE	D DIVORCED		Montgome				MD.
	ty or town of the char		11. NAME OF 1 (JENOT IN SUC 4921	HOSPITAL, NURSIN HEACILITY, GIVE STREET A Chevy Cha	G HOME O	vd.		20 USUAL OCCUPATION TYPE OF WORK FOR MOST OF Seamstress		industry Garme		ESSOR
13a S	AL RESIDENCE (# N STATE aryland	13b. COU	other institution.	GIVE RESIDENCE BEFORE	N	13d. INSIDE CITY LIMITS YES NO X	5? 13	3. STREET ADDRESS 4921 Chev	y Chas	e Blvd		
14. FA	THER'S NAME	d n	MIDDLE	LAST		15 MOTHER'S MAIDEN	INAME	WIDDLE		Hof	fert	
14- 14	Earle VAS DECEASED EV	ED IN III S AD	MED EODCESS	Ruth 166 SOCIAL SECU	PITY NO	Mary 17 INFORMANT		ADDRE:	SS	2242	2020	
	ES, NO OR UNKNOWN]		E WAR OR DATES)	162-07-20	-	Edna A.Pri	iolo	Sam	e as l	3		
NO	Canditions, if a gove rise to couse (a), ste underlying co	I WAS CAUSE IMMEDIA ony, which immediate ating the use lost.	DUE TO, O (b) DUE TO, O (c) (c)	R AS A CONSEQUE	NCE OF	ud Synd nic Curi NOT RELATED TO THE T	hou hou termin	u faill u se	DITION GIVEN	48	wed wed	ho
CERTIFICATION	19a DATE OF OPE	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?	20b. IF YES, VIN CERTIFYI	NG CAUSES		TH?
MEDICAL CER	220.1 certify that	CAUSE OF DE EDICAL EXAMINER URRED TWHILE WORK (I) (three hosp	P. 21e. PLACE (AT HOME, STI	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F	19 ARM, ETC.)	211. LOCATION STREET 112 . 19 7 and that in (my) (sort) opin DEGREE	nian de		N (ZZ, 15)	county and from the	that (I) (causes st	ated
	22d PHYSICIAN'S	NAME (TYPE	DALLY DR PRINT)	witi.		77e ADDRESS	-	MEDICAL STAF	F IAN 🗌	1/23	/80) (A
	Stuart	Danovi	itch			Washingto	on.	St., N.W. D.C. 20015				
(BURIAL, CREMATIC SPECIFY) Urial			8, Pre	NAME OF C Cemet	emetery or cremato	ORY	23d. LOCATION CITY OR TOWN Hellerto	wn, Pe		ania	TATE
24_FI	UNERAL DIRECTOR	?		ADDRESS		250	PATE	REC'D BY REGISTRAR	25b. REGISTR	AR'S SIGNA	URE	
	Canital	Funers	1 Samuri		fev	Va J	MIA	W 0 1300		7,,,,	mony	

Fairfax, Va.

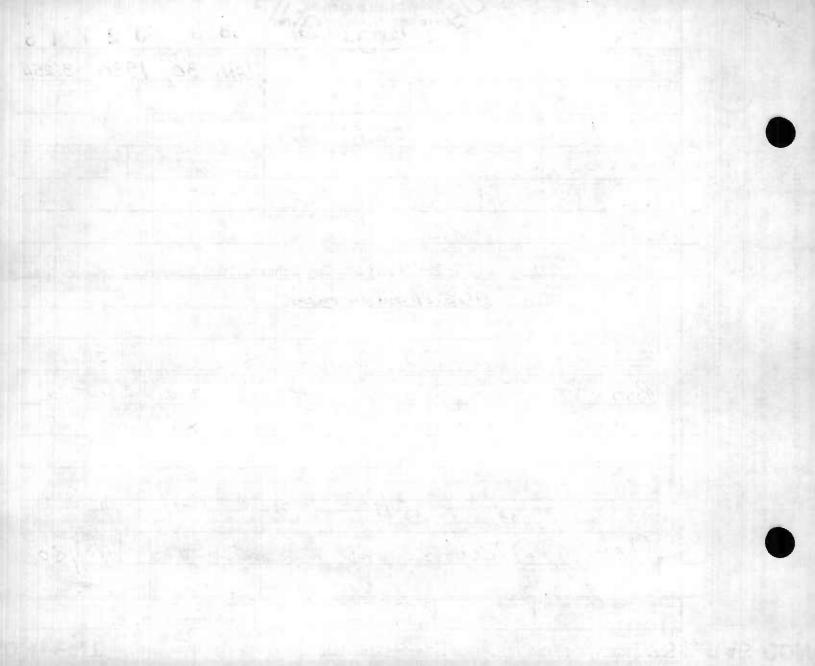
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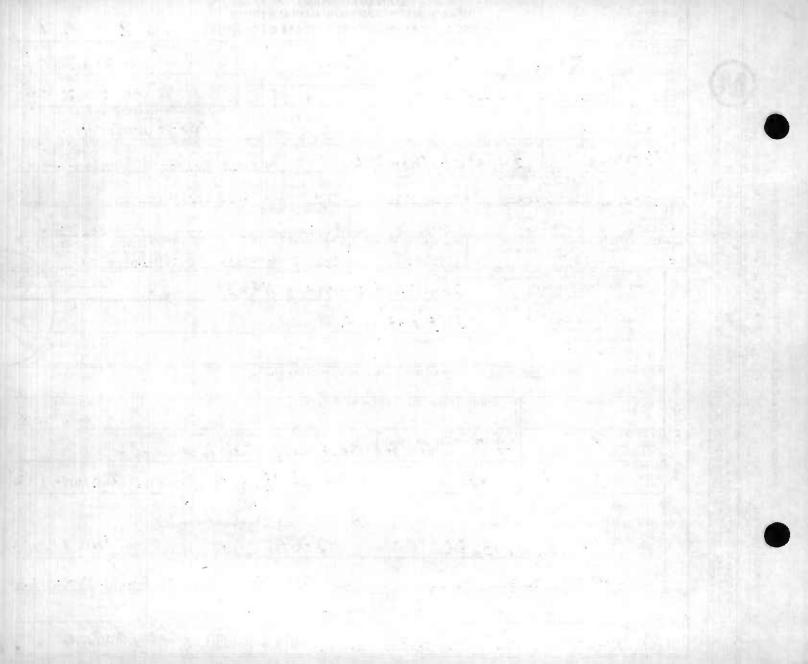
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atanvi. Centre li	1700 191	ond aro			Loirus
		14	and the	entwind dine	BE COUNTY

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) Nora Ryan 4 RACE 3. SEX 5. DATE OF BIRTH IF UNDER I YEAR 7,1900 Female Caucasian Oct. TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) Pa. USA WIDOWEDYN DIVORCED [Montgomery County IQ CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY_GIVE_STREET ADDRESS INDUSTRY Rockville Valley otomac Nursing Home Housewife DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 10201 Md Monto Rockville Grosvenor 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIODLE William Murphy Catherine Dean 60. WAS DECEASED EVER IN U.S. ARMED FORCES LYES, NO OR UNKNOWN] LIF YES, GIVE WAR OR DATES! No 184-20-6070 Same as Laura APPROXIMATE INTER 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY AS A GONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) CERTIFICATION 0 190 DATE OF OPERA 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 71a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR Mentol OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21e PLACE OF INJURY 211. LOCATION 21d INJURY OCCURRED CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE WHILE NOT WHILE 22a.1 certify that (1) (this hospital) Attended the deceased from 19 SO and that in (my) (corr opinion death occurred on the date and hour and from the causes stated sow the deceased alive on the body ofter death 226. SIGNATURE DEGREE 22r. DATE SIGNED ATTENDING STAFF TO FUNERAL I should be deto with the Stote [IMPORTANT: H PHYSICIAN PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 230. BURIAL CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY 23b DATE (SPECIFBurial Arlington Nat Arlington 24. FUNERAL DIRECTOR A. Pumphrey Funeral DHMH - 16 50M 1/76 (VR A 15 (4)) Homes. Bethesda, Md

THE TOTAL THE TANK IN THE PARTY OF

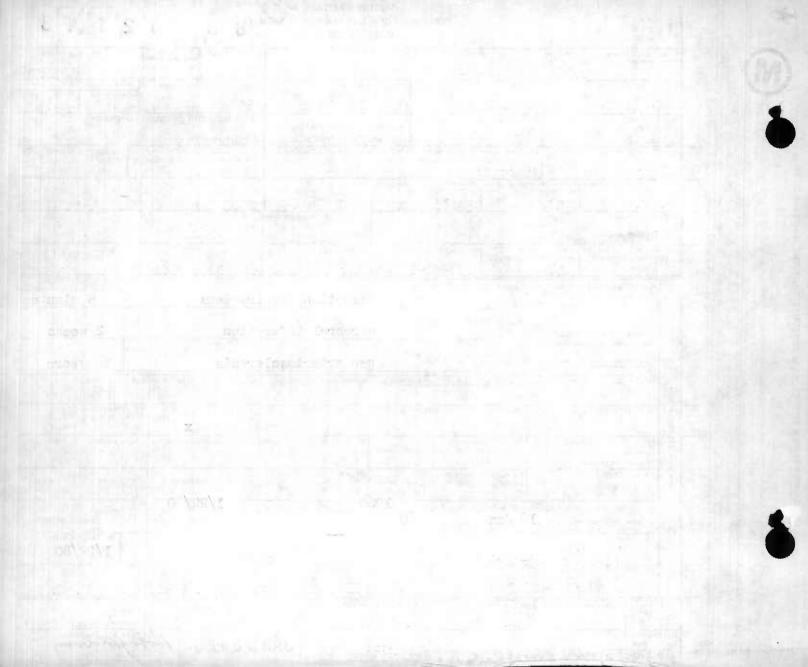


- 1	FOR		DEDARTME		MARYLAND H AND MENTAL	HYCIENIE			
1	- STATE REGISTRAR				CERTIFICATE	eren El-	REG. 10. 2	1 4	1
1.	DECEASED NAME	FIRST	MIDDLE		LAST		NOWN MONI	H DAY YEAR	R 26 1
	(TYPE OR PRINT)	Robert	D.	.5	39e	OF DEATH	ESII-	21 1980	7
3.	SEX 4. RAC	E 5. DATE OF E	BIRTH 6	AGE (IN YEARS IF U		ER 24 HRS. 2c. DATE	MONTH	DAY YEA	R 2d
M	ale Cau	casian Jan.	15,1956	ZU YRS.	THS DAYS HOURS	MIN. PRONOUN	CED Jan	21 1980	7.
1	BIRTHPLACE ISTATE OR		OF WHAT COUNTRY	/2	RIED NEVER MAR	9. BALTIMO	ORE CITY OR COU		_
8 M	FOREIGN COUNTRY) lassachusett	s USA		WIDO	=		lontgon	nery	
10	CITY OR TOWN OF DEA		F HOSPITAL, NURSI		HER INSTITUTION	120. USUAL OCCUP		K 12b. KIND OF I	BUSIN
0	lotomec	- 24	SUCH FACILITY, GIVE STREE	ham Pla		Truck Dr		Transpe	
	SUAL RESIDENCE (# IN NU	RSING HOME OR OTHER INSTITUT	ION, GIVE RESIDENCE BEF		113d. INSIDE CITY LIMITS?			TATAMA	-
n	laryland	Montgomery	Rocks		YES NO [hby Drive		
	I. FATHER'S NAME	MIDDLE	LAS		15. MOTHER'S MAI	DENNAME	DDIE	LAST	
5/18	stanley		Sage		Selma		~~	Zeitl	in
1 16	WAS DECEASED EVER	IN U.S. ARMED FORCES		L SECURITY NO.	17. INFORMANT		ADDRESS TOY	conto, Ca	
1	IO	N/A	Unkno	own	Michael B	Benjamin, 2			AIIA
F		H (Enter anly ane cause p	er line far (a), (b), ar	nd (c).)			Jan Diesel	APPROXIMA BETWEEN ON	ATE INTE
	PART I DEATH W	AS CAUSED BY: IMMEDIATE CAUSE (a).	GUT	Shot 4	veund. 7	Head.		BETWEEN ON	SET AIND
	9540		O, OR AS A CONSE	QUENCE OF.	0				
	Candifians, if		Selt	infle	ted.				
	gave rise ta cause (a) stating		O, OR AS A CONSE						
	lying cause last.	(c)_							
		IT CONDITIONS CONTRIBUTING TO	OEATH BUT NOT RELATED	TO THE TERMINAL DISEA	ISE OR CONDITION GIVEN IN	PART 1 (o).			
	19a. DATE OF OPERA								
5	190. DATE OF OPERA	ATION 196. C	ONDITION FOR WH	IICH OPERATION V	WAS PERFORMED?			20. AUTOPS	
9		25.44.5						YES [] N
			ME OF INJURY	AY YEAR	OW INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART 1 OR	PART 2}	
	CONTRIBUTING	CAUSE OF DEATH	P.M. 1- 21	170 -) hat self	f wolk the	a gum		
	21d. INJURY OCCUR	WHILE STRE	ET, FACTORY, FARM, ETC.)	AT HOME, 21f. LC	STREET	CITY OR TOV		COUNTY	
	WHILE NOT AT W	ORK	HOUSE.		412 CHI	Inan Pl.	Potemac.	Monten	419
		I toak charge af the rema	ins described abave,	held an Auta	psy , Inspect	tian X, Inquiry	and in my	apinian	
	death resulted from	n: Natural causes	. Accident	, Suicide Z	Hamicide	Undetermined ma			
		10			TITLE (SPECIFY)			1 -	
	ACTUAL SIGNATURE	John S.	Bill		MD DE PUT	MEDICAL EXAM	INER SIG		1,1
- 7:	/	7	111		/	/	310		TI
-	(TYPE OR PRINT)	John G. Bal	L1. M. E.		_ADDRESS_ 7936	Old George	etown Rd.	,Bethesc	la,
2	In BURIAL, CREMATION, F		23c. NA/	ME OF CEMETERY		23d. LOCATION		OUNTY	STATE
	urial	1-24-80	Hol	ly Blosso	m Cemetery		_	,	S. H. E.
	4. FUNERAL DIRECTOR				25a. DAT	E REC'D. BY REGISTRA		A // .	
		OLDBERG MEM.	CHAP., F	Rockville	, Md. JAI	V 2 8 1980	perfray!	Kelready	,



DANZANSKY-GOLDBERG MEM. CHAP. Rockville, Md.

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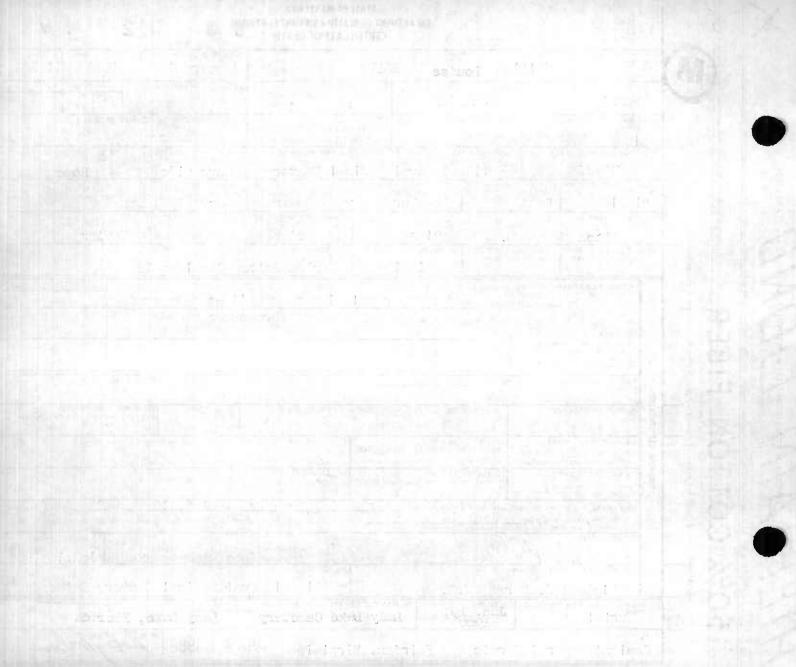
Capitol Funeral Services

(VR A 15 (4))

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE			NA.	
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR	62	1	2	1
1. DECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN		DAY	YEAR	26 HOUR
Douglas - Edward Sappington Death Mated		24	1980	10 PM
3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. 11 FUNDER 24 HRS. 12. DATE	MONTH	DAY	YEAR	2d HOUR
MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED	Jan	25	1980	125
70 BIRTHPLACE (STATE OR 170 CITIZEN OF WHAT COLINTRYS IS	OR COU	ITY OF	DEATH	
Washington, D.C. Washington, D.C. Widowed Divorced Divo	791	me	14	
IN CITY OF TOWN OF STATE	PE OF WORK	12b. KI	ND OF BL	
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (I NOT IN SUCH FACILITY, GIVE STREET ADDRESS) USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 12. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	siste		r indust E	lorses
136. STATE 136. COUNTY 136. CITY OR TOWN 136. INSIDE (ITY LIMITS) 136. STREET ADDRESS Maryland Montg. Rockville YESV NO	Lane			
			LAST	
Ridgely B. Sappington Majorie Louise No. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESSED EVER IN U.S. ARMED FORCES?		odse	ell	
TALESCETY 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 161 SOCIAL SECURITY NO. 17. INFORMANT ADDRES				
Ridgely B. Sappington Majorie Louise Note: Sappington Majorie Lou	ame s			
			PPROXIMAT WEEN ONSE	T AND DEATH
PARTIDEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under- DUE TO, OR AS A CONSEQUENCE OF				
Canditions, if any, which gave rise to immediate cause (a) stating the underlying couse last. Canditions, if any, which gave rise to immediate cause (a) stating the underlying couse last.				
= Parties and Tyling couse last.				
6 0 = 1 2 G 7				
AND TO THE STORY CONDITIONS CONTRIBUTION BUT NOT RECAILED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0).				
196. DATE OF OPERATION 196. DATE OF OPERATION 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 211. LOCATION 211. LOCATION 211. LOCATION 211. LOCATION 211. LOCATION 211. LOCATION 211. STREET AS A CONTROL 212. STREET AS A CONTROL 213. STREET AS A CONTROL 214. STREET AS A CONTROL 215. STREET AS A CONTROL 216. STREET AS A CONTROL 217. STREET AS A CONTROL 217. STREET AS A CONTROL 218. STREET AS A CONTROL 218. STREET AS A CONTROL 219. STREET AS A CONTROL 219. STREET AS A CONTROL 210. STREET AS A CONTROL 21	.00	20. A	AUTOPSY'	
TO TO THE PARTIES OF INJURY OF INJUR			YES 🗌	NO IX
216. EXTERNAL CAUSE WAS 21b. TIME OF INJURY HOUR AMONTH DAY YEAR ON THE STATE OF INJURY HOUR AMONTH DAY YEAR ON THE STATE OF INJURY 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN THEM INJURY) 21d. EXTERNAL CAUSE WAS 21b. TIME OF INJURY HOUR AMONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 27d. INJURY OCCURRED 21d. INJURY OCCURRED 21d. INJURY OCCURRED 21d. INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) 21d. INJURY OCCURRED 21d. I	B PART I OR P	ART 2)		
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 10 P.M. 1-24 1980 Shot Self with 22 C.	el- f	2006	· gun	1.
21d. INJURY OCCURRED	0	DUNTY		STATE
WHILE AT WORK AT WORK A STREET, FACTORY, FARM, ETC.) STREET, FACTORY, FARM, ETC.) 24 339 Burnt 11 A RI. Clark 270 Leastify that Look sharpe of the remains described above held as Autory.	burg	Mor	17.	Md
220. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry	nd in my o	pinion	1616	100
death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner				
XXIII 9 PRO OO TILLE (SPECIFY)		0.	23	1980
ACTUAL SIGNATURE M.D. Deplan MEDICAL EXAMINER	DATE	16	May	770-
DESTANDER'S NAME Toba C Rall MD 70.76 Old Cooperate				
EXAMINER'S NAME John G. Ball, MD. ADDRESS 7936 Old Georget	own			
220. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry of death resulted fram: Notural causes Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE S Accident Suicide M.D MEDICAL EXAMINER MEDICAL EXAMINER M.D ADDRESS 79 36 Old Georget ADDRESS TO SIGNATURE ADDRESS ADD	co	JNTY . IV	ary	land
BP BURIAL 1-29-80 Rockville Cemetery Rockville			M6	\$
NAME RODERU A. PERMONTEV Funeral Homes. L. D. 1981	SISTRAR'S	SECULAL DESIGNATION OF THE PERSON OF T	URB	
P.A., Bethesda, Maryland			1	

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and Mental Hygiene prior certificate has bee

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DIRECTOR

TO FUNERAL DIRECT should be detached for with the State Dept. o

IMPORTANT: If Item 21 is marked an Item 18 sha

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		FOR STATE REGIS
)		1. DECEASED (TYPE OR PRINT)
1		3. SEX
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al direc 2 hours	ouce.	7a BIRTHPLA
funeral thin 72	57	Saco,
- a-	0 /	III CITY OR T

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

REGISTRAR			CERTIFICATE O	F DEATH	0 0	REG. NO.	6- 1 -	, 4
DECEASED NAME FI YPE OR PRINT) THO	M7\ C	ter S.	ARELAS		Janua	ery 26,	1980	26 HOUR 5:45p _M
Male	4 RACE White		July 25,	1908 YEAR	6 AGE (IN YEA	RS LAST BIRTHDAY)	IF UNDER 1 YEAR MONTHS DAYS RS	IF UNDER 24 MRS HOURS MIN.
BIRTHPLACE (STATE OR FOREK COUNTRY) aco, Maine		WHAI COUNTRY? 18	MARRIED NEV		Mont	gomery	County	/VID.
Olney		OSPITAL, NURSING HEACILITY, GIVE STREET ADD OMETY GE			1 Ret. I	CCUPATION or most of work roducti	ng Life) 12b. KIND (INDUSTRY Super	Navy Yan Intendent
	HOM OR OTHER INSTITUTION COUNTY Skagit	GIVE RESIDENCE BEFORE AD 13¢ CITY OR TOWN		DE CITY LIMITS?		okomish	Wav	
FATHER'S NAME FIRST Peter	WIDDLE	Sarelas		ER'S MAIDEN N		MIDDLE	Evang	
WAS DECEASED EVER IN L (YES, NO OR UNKNOWN) (IF	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)	216-44-42	Y NO. 17 INFO		relas-Wif	ADDRESS	me as #]	
18 CAUSE OF DEATH (E	nter anly one couse per	line for (a), (b), and is		1	T		APPROX	MATE INTERVAL

IMMEDIATE CAUSE to Canditians, if any, which gove rise to immediate stating the underlying lost. couse

190 DATE OF OPERATION

DUE TO, OR AS A CONSEQUENCE OF

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10

21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY

NOT WHILE

216. TIME OF INJURY HOUR A.M. MONTH DAY P.M.

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) YEAR 19

211 LOCATION

PHYSICIAN

CITY OR TOWN

and that in (my) (auc apinian death occurred an the date and haur and from the causes stated

20a AUTOPSY?

COUNTY

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES [

STATE

saw the deceased alive an above, (1) (wet (did) (did no 22b. SIGNATURE

WHILE

724 PHYSICIAN'S NAME (TYPE OR PRINT

Jan. 27, 1980

22e ADDRESS

DEGREE

STroke

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

23b. DATE

23c NAME OF CEMETERY OR CREMATORY Lee's Crematory

23d. LOCATION

COUNTY

STATE

Cremation

CERTIFICATION

MEDICAL

25a. DATE REC'D. BY REGISTRAR 25b. J. Whilee's Sons Co.300-4th St., NE, Wash., DC 20002 JA

Washington.

DHMH - 16 50M 1/76 (VR A 15 (4))

TO HOSPITAL OR ATTENDING

Peter July 2, 190 71

Lie hite July 2, 190 71

Saco, Maine United States

I Common State States

Inshington State Incomer at the Content of State Stat

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		GISTRAR		IRST	WEI		EXAMIR	AEK.2 C	CERTIFICATE	OF DEA		REG. NO			
		ASED NAME				MIDDLE			LAST		20. DATE K	NOWN P	MONTH	DAY YEAR	26. HOUR
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3.	SEX		4. RACE		DATE OF BIRTH	YEAR	6 AGE (IN Y	EARS IF UN		DER 24 HRS.	20. DATE	CED	MONTH	DAY YEAR	2d. HOUR
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10	(YES,	S DECEASED	VN) (IF YI	.S. ARMEI ES, GIVE WAR			CIAL SECURIT		17. INFORMANT			ADDRESS			
	_						-72-43	336	Mrs. Al	vetta	Smythe	e/wife	/same		
	1	8. CAUSE OF	DEATH (Er	nter anly a	ne cause per line	far (a), (b)), and (c).)				V 1 1			APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
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STATE OF MARYLAND

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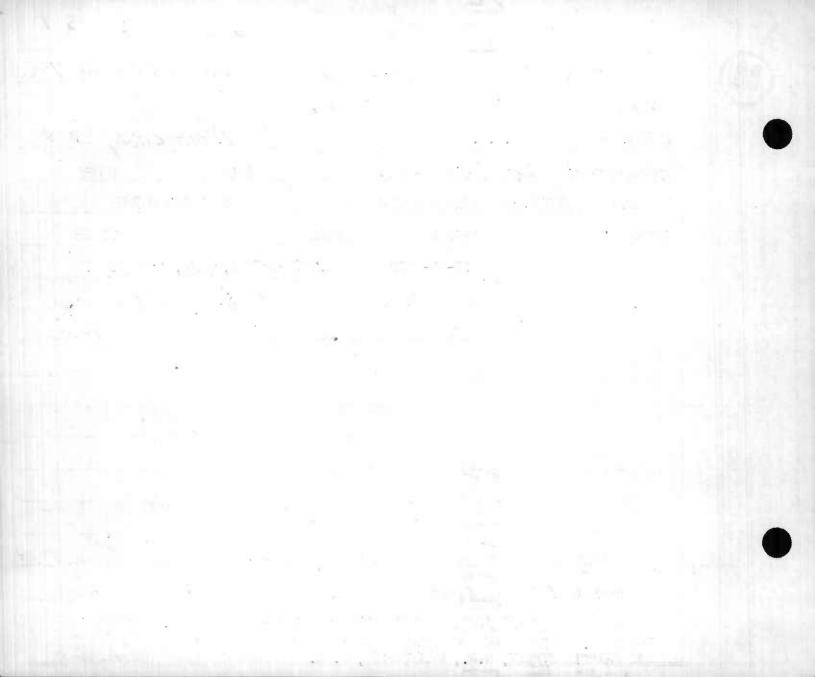
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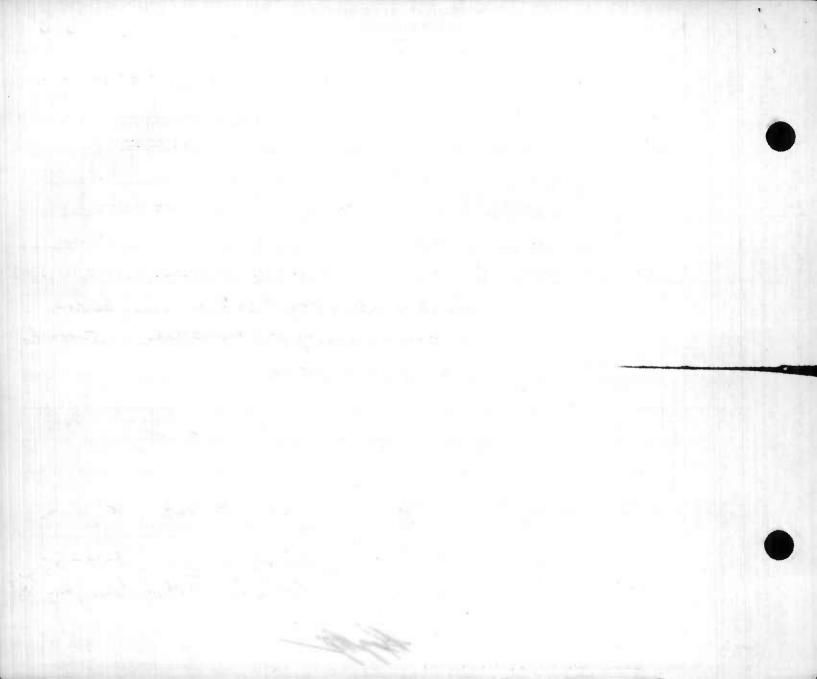
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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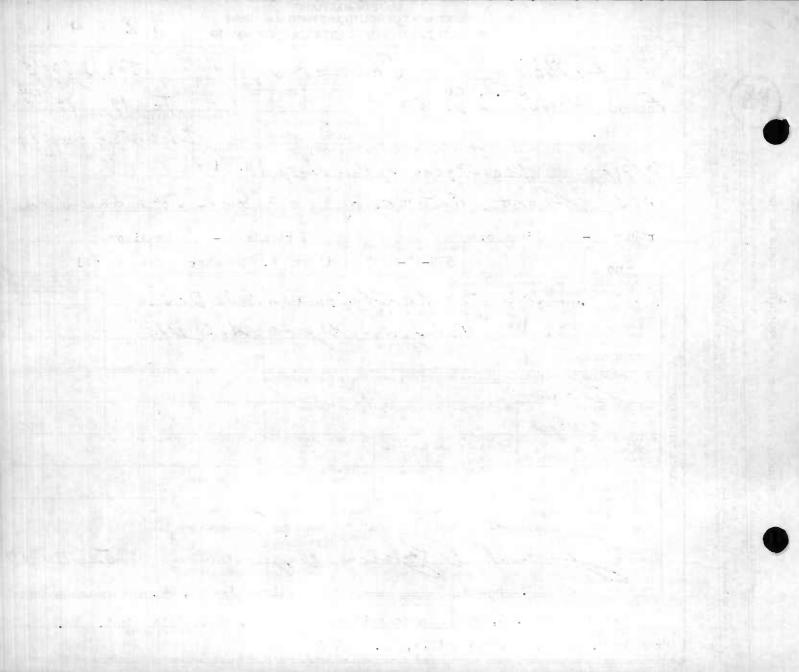
- AND KILLIA - DISCOURT STORY ROSCESS 1-4-30 Seage washington Sedical School wash. D.C. detropolation Zunetal Gerylee Solv Vine Street Alexandria, Virginia

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME MIDDLE 2a DATE OF DEATH MONTH 7h. HOUR (TYPE OR PRINT) MILDRED STOHLMAN SHERIDAN I980 JAN 4 RACE 3. SEX 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR # UNDER 24 HRS MONTH DAY YEAR DAYS HOURS Female White July 30 7909 TE BIRTHPLACE ISTATE OR FOREIGN 7% CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. Montgomery WIDOWED DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17a USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 5416 Center st. School Teacher Chevy Chase Education USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 134 INSIDE CITY LIMITS? 13e STREET ADDRESS Md. Montgomery YES [NO [54Th Contan 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME EIRST MIDDLE LAST FIRST MIDDLE O' Donoghue John Stohlman Anne Cecilia William 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO. 17 INFORMANT Lane, Alexandria 217-46-9599 Dr. Andrew J. Sheridan, Son. 6356 Evangeline APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line forgo), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate (o), stoting DUE TO OR AS A CONSEQUENCE OF underlying couse lost 0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110: CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 70a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 71d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE 30 220.1 certify that (1) (this hospital) attended the deceased from 1980 sow the deceased alive on 1/28
obove, (1) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22 DATE SIGNED ATTENDING AFDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN D FUNERAL old be deto MPORTANT 720. PHYSICIAN'S NAME (TYPE OF PRINT)

L. Fitzgerald, M.D. 22e ADDRESS Wash. 3800 th. 0 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial COUNTY STATE 2/2/1980 Mt. Olivet Cemetery Washington D.C 14 FUNERAL DIRECTOR Joseph awler's Sons Inc. 250. DATE REC'D: BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH-16 20M NAME 5130 Wisc. Ave., N.W. Wash., D.C. (VRA 15, 4) 7/7B CED 0 5 1000

... FE-100 mg 100 mg The same of the sa

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME VIOLA SHUMAKER DATE KNOWN LILLIAN (TYPE OR PRINT) OF DEATH MATED DATE OF BIRTH 920R SEX 6. AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY RONOUNCED DEAD To. BIRTHPLACE (STATE OR BIRTHPLACE FOREIGN COUNTRY) Md. Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) OR INDUSTRY H. Wife Home 蚩 ORDS, USUAL RESIDENCE LIFT NURSING HOME OR OTHER INSTITUTION SHOULD 13c. STATE 13e STREET ADDRESS 13d INSIDE CITY LIMITS? NO X 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE LAST AND Arthur Saunders Gertrude Dennison FORM OE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7 INFORMANT DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 579-12-0733 Milfred L. Shumaker Same as no 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? Dr. YES [] BURIA PRIOR TO BURI 21e EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 SHOULD HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 19 21e PLACE OF INJURY (AT HOME 214 INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy and in my apinion Inspection Natural causes death resulted fram: Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL TER DEATH, LTIMORE, MA SIGNATU EXAMINED'S NAME (TYPE OR PRINT) John Silver Spring **ADDRESS** 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Burial Jan. 15, 1980 Laytonsville Laytonsville Mont 24. FUNERAL DIRECTOR 25e, DATE REC'D, BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** Francis H. Barber Laytonsville, Md. 20760 (VR A15 ME (5)) 30M 7/73

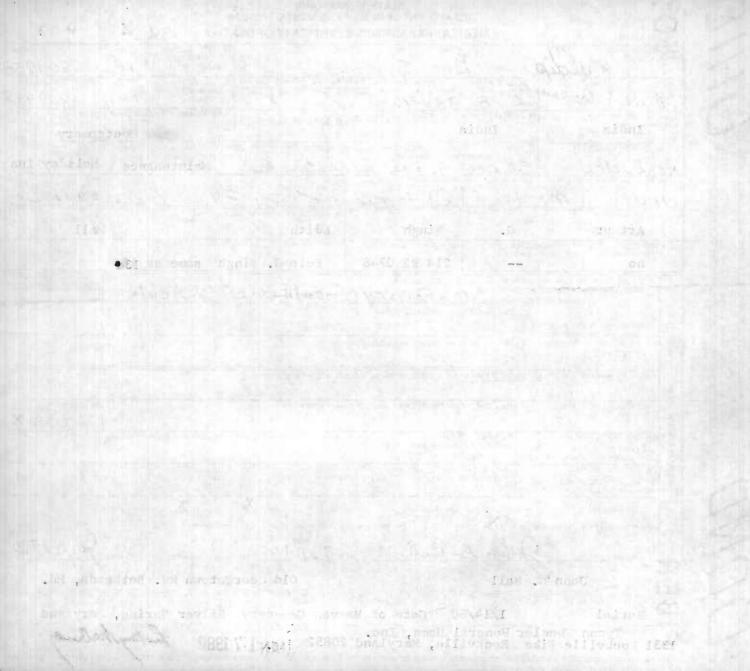


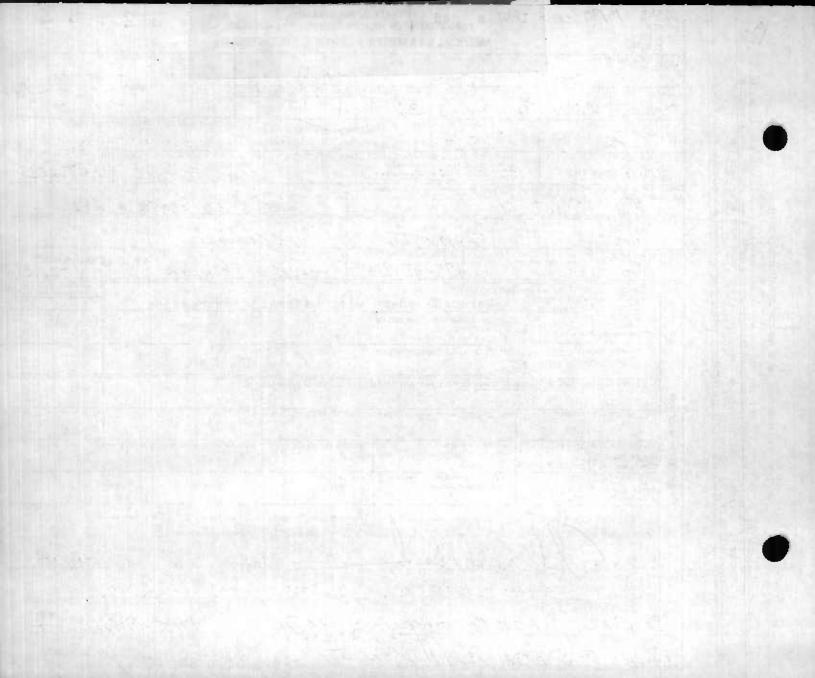
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Y	1.	STATE REGISTRAR			DEPART		ICATE OF DEATH	REG. N). o.	2 1	0 4
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death			JOSEPH		PAUL		SIMONS		1 10	1 6747	8 91
oi.	3 SE			RACE		5 DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIR		FUNDER I YEAR	HOURS MIN
онсе		MALE		WHITE			RCH25,1901	78	YRS.		
10/7		RTHPLACE (STATE OR DUNTRY)		CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
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0	14 FA	THER'S NAME	MIC	DOLE	LAST		15. MOTHER'S MAIDEN NA	AME		LA	.51
150		PETER			SIMONS		AMELIA			ROFIA	
1	Ide. V	VAS DECEASED EVE	(IF YES, GIVE W		166 SOCIAL SECU	URITY NO.	17 INFORMANT SON		ss5844	MARBER	RRY ROAL
5		NO			578-46-	1732	JACK SIMON	S	BETHE		VA. 2
LA LA		IE CAUSE OF DEA	TH (Enter only	one couse per	r line for (a), (b), ar	nd (C1.)	THE THUS THE			BETWEEN	CIMATE INTERVAL
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Shows	SE								IN CERTIFY	ING CAUSES	S OF DEATH?
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tem		OR CONTRIBUTING	CAUSE OF DEATH	HOUR A	M. MONTH D						
ō	MEDICAL	(IF EITHER, NOTIFY MEDI			OF INJURY	19	21f LOCATION				
is marked or Item 18	MEC	WHILE IT NOT	AHITE [REET, FACTORY, OFFICE,	FARM, ETC)	STREET	CITY OR TO	VN .	COUNTY	STATE
E		AT TORK	0111								42
		220 6 certify that		l) oftended th	e deceased from	1	975 19	to			that (1) (we) lo
5		saw the deceo above, (1) (we)	sed alive an (did) (did nat)	view the body			nd that in (my) (our) opinion	death occurred on the d	ate and hour		
IMPORTANT: If Item 21		226 SIGNATURE	1001	/ //			DEGREE			22c DATE	ESIGNED
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4 1	1	226 PHYSICIAN'S N	AME (TYPE OR P	PRINT)			22e ADDRESS				
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	23e f	BURIAL, CREMATION	REMOVAL	236 DATE	23¢	NAME OF C	EMETERY OR CREMATORY	234 LOCATION CITY OF TOWN	V		
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	24 F	UNERAL DIRECTOR				• 1VIP\1		TE REC'D. BY REGISTRAR		AR'S SIGNA	TURE
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ARY, PLEASE A DIRECTOR.	EET		Kulcup	<i></i>	e, Ju	1910			11 1980 1458
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720	13	10. CI	TY OR TOWN OF DEATH	I. NAME OF HOS	PITAL NURSING HOME.	OR OTHER INSTITUTION	120. USUAL OCCU	JPATION LIPE OF WORK	12b. KIND OF BUSINESS
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21201 F ANY AND SETA	5500)	nd. 136. COUNTY	ntq.	Duther	SOME YES H NO [24	W. Du	Park Dr.
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BALTIMORE, MD. IRS AFTER DEATH. GIVE PAGES 1, WITH FORM PM.	DIVISION OF VITAL RECORDS	16a V	VAS DECEASED EVER IN U.S. ARME		16b. SOCIAL SECURITY			ADDRESS	
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6 0 - 1 =	AND M			(c) ·					
		-	PART 2 OTHER SIGNIFICANT CONDITIONS CO	NTRIRUTING TO OEATH I	BUT NOT RELATED TO THE TERMIN	AL DISEASE OR CONDITION GIVEN IN P	ART 1 (a).		
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DIV WRIT	STATE		AT WORK AT WORK						
2 H &	STATE		22a. I certify that I took charge	of the remains des	cribed above held on	Autopsy , Inspection	on , Inquir	ond in my o	poinion
200	E E			V	Accident . Suic		Undetermined n		pinton
KAMII ERTIFIE	EE		death resulted from: Natura	causes L	Accident [], Suic		Underermined n	nonner,	Λ .
X E E	3 - 4		ACTUAL	18.	13 10	TITLE (SPECIFY)		DATE	Jan 1/1990
Z#P	H N	100	SIGNATURE	Jum >	J. HELL	M.D. VINIY	MEDICAL EXA	MINER SIGN	
DIO TE TE	C OR		EXAMINER'S NAMEJohn G.	D-11		ofa	Coordato	m Dd Both	hada Ma
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OOO CON MENT	BAL	23a. B	URIAL, CREMATION, REMOVAL 231			ETERY OR CREMATORY	23d. LOCATION	COL	INTY STATE
BP		(Burial	1/14/	80 Gate o	f Heaven Cemet	ery Silv	ver Spring,	Maryland
		24. F	UNERAL DITECTOR TO THE !	er Funer	al Home. In	,25a. DATE	REC'D. BY REGISTR		SI NATURE
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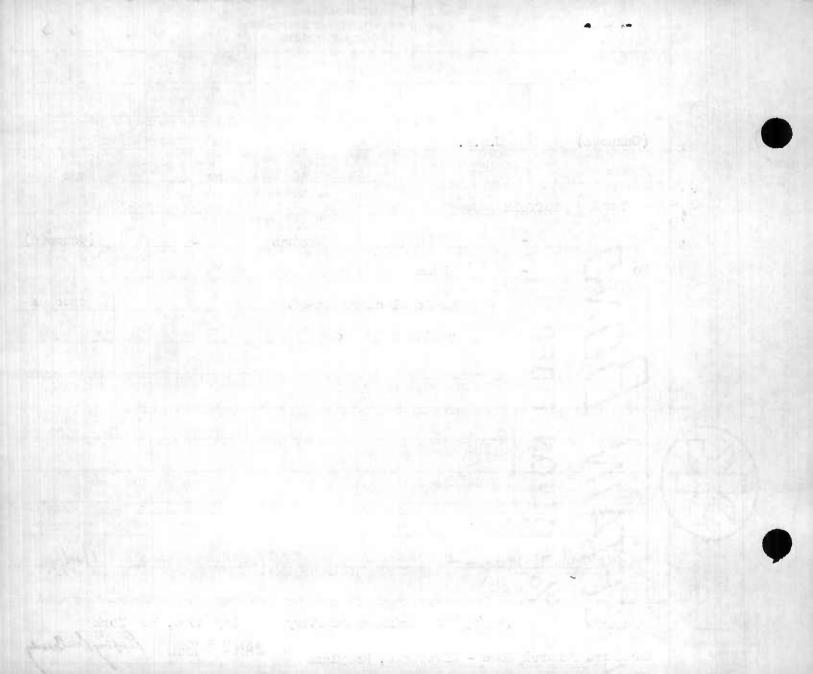


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely lilled in the first should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be then with the State Dept. of Health and Mental Hygene prior to burial, cremation, ar removal.

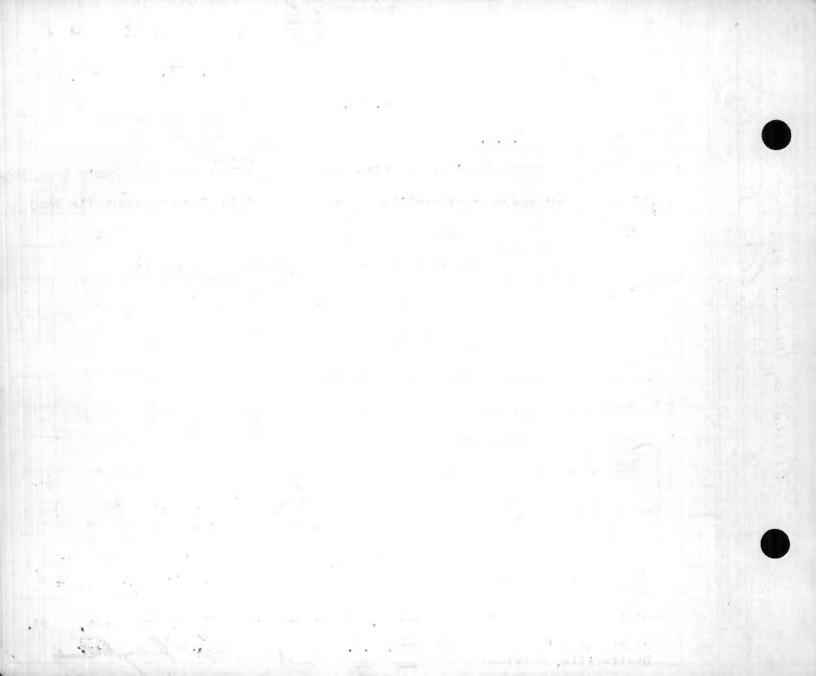
retained by the haspital ar attending physician.

more death

				STATE	OF MARYLAND				
	1.	FOR STATE	DEP		EALTH AND MENTAL I	HYGIENE	0 2	1 6	6
		REGISTRAR			CATE OF DEATH	REG. NO			
		CEASED NAME FIRST	WIDDLE	LA	AST	20 DATE OF DEATH	MONTH DA	AY YEAR	2b HOUR
		Christin		Smi		January 1		08.6	10.40
	3. SE	X	4 RACE	5. DATE O		6 AGE (IN YEARS LAST BIRTI		ONTHS DAYS	IF UNDER 24 HRS
P		Female	White		er 29,197	4 5	YRS	GIVING BAIG	
BR		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	ATRY? 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY (OF DEATH	
27		(Unknown)	U.S.A.	WIDOWE	D DIVORCED	44 84 1	ery Co	ounty,	MD.
21		thesda	11 NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE Clinical Co	URSING HOME O	NIH Sethesda, M	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		INDUSTRY	F BUSINESS OR
100	USU	AL RESIDENCE (IF NURSING HOMEOR	OTHER INSTITUTION, GIVE RESIDENCE		ceresua, n			Nor	ie
69		W York Ruff			13d INSIDE CITY LIMITS				
ě		W YORK Buff	olk Centra	l Islip	YES X NO [16 Palm S	treet		
			WIDDLE LAS		FIRST	WIDDLE		LAS	
6 C	16a \	WAS DECEASED EVER IN U.S. AR	Smi	L SECURITY NO.	Reyhan	ADDRE	SS	(Un	known)
S S	1 1		WAR OR DATES)			0 - 1 - 1	(san	ne as	above)
E			- Non		Mrs. Reyn	an Smith, m	other	APPROX	MATE INTERVAL
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e < e		IMMEDIAT	E CAUSE (a) Cardi	opulmona	ry Arrest			30 50	COllus
¥ a F		2000	DUE TO, OR AS A CON					122	
9		Canditions, if any, which gave rise to immediate	(b) Burki	tt's Lym	pnoma			13 mc	ntns
her	1	cause (a), stating the underlying cause last	DUE TO, OR AS A CON	SEQUENCE OF					
a, o			((c)						
ury.	z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE OR CON	DITION GIVE	N IN PART 10	a
<u> </u>	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W	VHICH OPERATION	WAS DEDECRASED	20g AUTOPSY?	Tools IF YES	WERE FINDIN	NGS LISED
o s	FIC	198 DATE OF OPERATION	190 CONDITION FOR W	VHICH OPERATION	WAS PERFORMED		IN CERTIFY	ING CAUSES	OF DEATH?
Š -	E	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		121, HOW IN HIPY OCC	YES X NO C	YES	W-B	ио 🗆
00 /		OR CONTRIBUTING CAUSE OF DEA	LIGHT A THE MODITION	H DAY YEAR	and the way and one	CORRED (ENIER NATURE OF INJUR	I IN IIEM IB, PAR	RII OK PARI 27	
= /	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19	211 LOCATION				
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17 E		abave, X (we) (did) (XXX)	view the bady alter death.	-19 -0 U . on	ia mai mXX (our) apm	nian death accurred on the do	ire and noor	and from the	causes stated
‡ ‡		22b. SIGNATURE	Λ1		DE GREE ATTENDIN	G MEDICAL STAI	F	22c. DATE	SIGNED
- -		agrey.	Maguel		PHYSICIAI	N DIRECTOR PHYSIC	IAN 🗗	112	o(Se
MPORTANI		22d. PHYSICIAN'S NAME (TYPE OF			22e ADDRESSNat	ional Insti	tutes	of H	ealth
Od /	1	1008ERGI T.	MAGUIRE		linical	Contar Bat	heada	- MA	20205
<u> </u>		BURIAL, CREMATION, REMOVAL	23b DATE	23c. NAME OF CI	EMETERY OR CREMATO	RY Z3d LOCATION CITY OR TOWN	(COUNTY	STATE
		Burial	Jan/23/80	Oakwood	Cemetery	Bayshore	New 1	York	
	24. F	UNERAL DIRECTOR	ADDRI	ESS	25a	DATE REC'D, BY REGISTRAR	25b. REGUER	AB'S SIGN	Cheady
		Chambers Funera	l Home - Rive	rdale, M	aryland	שאוא ט ושוער		/	



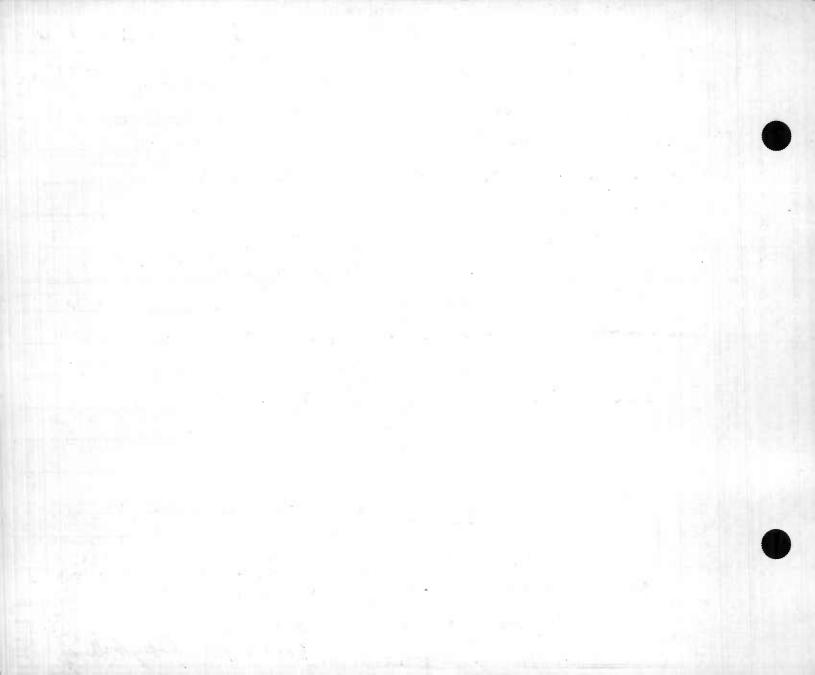
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(N)	3 SE	X EMALE	RACE WHIT	E	S DATE C	12, 04 1887 EAR	6 AGE (IN YEARS LAST BIRTHD	M	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
Pronce.		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	1	D NEVER MARRIED	9 BALTIMORE CITY OR MONTGOMERY	COUNTY	OF DEATH	AAD.
ofter de		TY OR TOWN OF DEATH		HOSPITAL, NURSING CHEACILITY, GIVE STREET Ney Layto	IG HOME C	OR OTHER INSTITUTION	Reviewed Most of V	V VORKING LIFE		of Business OR B Dept Sto
Should be fall	USU 130	AL RESIDENCE (IF NURSING HOME OF ATTAINS AND MONE)			ADMISSION)	134 INSIDE CITY LIMITS?	13. SIREEI ADDRESS 6512 Olney	Layt		
150 BC	14 F/	SAMUEL	WIDDLE	MOATS		15. MOTHER'S MAIDEN NAME ANN			UNSON LAS	
And Control of Control	16a V	VAS DECEASED EVER IN U.S. A VES NO OR UNKNOWN) (# YES, GI	RMED FORCES? VE WAR OR DATES)	579 12 4		IT INFORMANT ANNA MAE POI	ADDRESS NTER Same as	S		
1995, 201 W. PRESTON ST., BALL Equires that the death certificate is 1 signed by the attending infrusion Then please remove confern papers to burnol, cremotion, or removal.	Z	Conditions, if any, which gave rise to immediate couse io; stating the underlying cause lost	(b) DUE TO, C	OR AS A CONSEQUE OR AS A CONSEQUE	My o	carolino NOT RELATED TO THE TERM	Enfarche INAL DISEASE OR CONDI	TION GIVI	EN IN PART 1(7000
TAL RECORD The low required to be been required by the been required by the beautiful to be beautiful to be been required by the beautiful to be be being to be been required by the beautiful to be being to b	CERTIFICATION	190 DATE OF OPERATION			OPERATIO	N WAS PERFORMED	YES NO DO	IN CERTIFY YES	, WERE FINDIN YING CAUSES	NGS USED OF DEATH?
TO HOSPITAL ATTENDING PHYSICIAN. TO FLUNEAL DIRECTOR, after this certificol should be detached for use as the burnol-tron with the Stote Dept of Health and Mental Hy IMPORTANT. If Hem 21 is marked or Hem 18	MEDICAL	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK NOT WHILE ODD WHILE	P) 21e PLACE (AT HOME, S' Dital) ottended t ORPRINT ORPRINT	A.M. MONTH D.P.M. COF INJURY TREET, FACTORY, OFFICE, F he deceosed from y olter death.	ARM, ETC. I	220 ADDRESS 18111 Princ EMETERY OR CREMATORY	city or town to death occurred on the date MEDICAL STAFF DIRECTOR PHYSICIA PHYSICIA PHYSICIA CITY OR TOWN	e and haur	COUNTY 19 SO and from the 22c. DATE (////	SIGNED (Med)
DHMH-16 20M (VRA 15, 4) 7/78		Prancis Gasch'	s Sons	Funer#1ss Ho		of the Breth	Tilghan EREC'D. BY REGISTRAR 25		Wash.	



10	2	1				STATE OF M	ARYLAND			
+	- \	1	FOR STATE REGISTRAR		DEPARTM	ENT OF HEALTH CERTIFICATE	AND MENTAL HYG	0 0	0 2	168
		1.0	DECEASED NAME FIRST	AA II	DDIE	LAST		REG. NO.	ONTH DAY YE	EAR 2b. HOUR
	ed / be	17	WILLIAM			SOBER			1/15/8	10 7:16 Pm
	E (Min)	3 :	EX	4 RACE		5 DATE OF BIRTH		& AGE IN YEARS LAST BIRTHD		
	age 4	L	MALE	WHITE		OCTOBER	14. 1912	67	YRS	DAYS HOURS MIN
	ho ho	7 r.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	MARRIED TYN	EVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEAT	тн
	Milited Interest	10	VASHINGTON, D. C	u. s.	A.	WIDOWED	DIVORCED	MONTGOME	RY	MD.
	s after the fu within	6	CITY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSING FACILITY, GIVE STREET A CROSS HOS	HOME OR OTHE	RINSTITUTION	12R USUAL OCCUPATION	N 12h KI WORKING LIFET INDU:	IND OF BUSINESS OR ISTRY S. GOV'T.
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ND 2	filled i	130	STATE 1136 COU	GOMERY	3c CITY OR TOWN	PRING YES	SIDE CITY LIMITS?	13. STREET ADDRESS	CKWOOD DR	RIVE, APT. 101
2	with with sho	14.	FATHER'S NAME	MIDDLE	LAFT	15 MC	THER'S MAIDEN NA	ME		
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۵	N a a a s		220 I certify that (I) which	al) attended the	teased from	-aug	. 19_4		18019	, that (I) (last
	ATTE bital or ECTOI for use or Of He	0	saw the deceased alive an above, (I) (we) wid) (did no		19_	, and that I	n (my) (aur) apinian	death accurred on the dat	and hour and from	m the causes stated
	F ep t		226. SIGNATURE		ner dedin.	DEGREE	7 3 1 1 1		221. [DATE SIGNED
	TAL the last of the Diffe Diff		I (//N	A YAD	ZAAS	MD	ATTENDING PHYSICIAN	MEDICAL STAFF	NO I	116150
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1	BP		BURIAL	1/17/1	980 MOL	INT LEBAN	ON CEMETE		PR GEOR	
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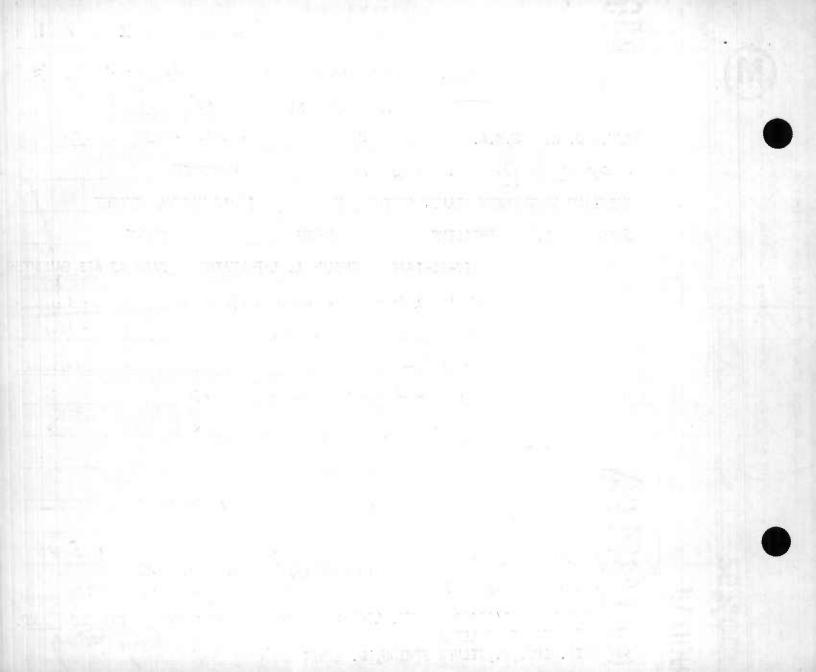
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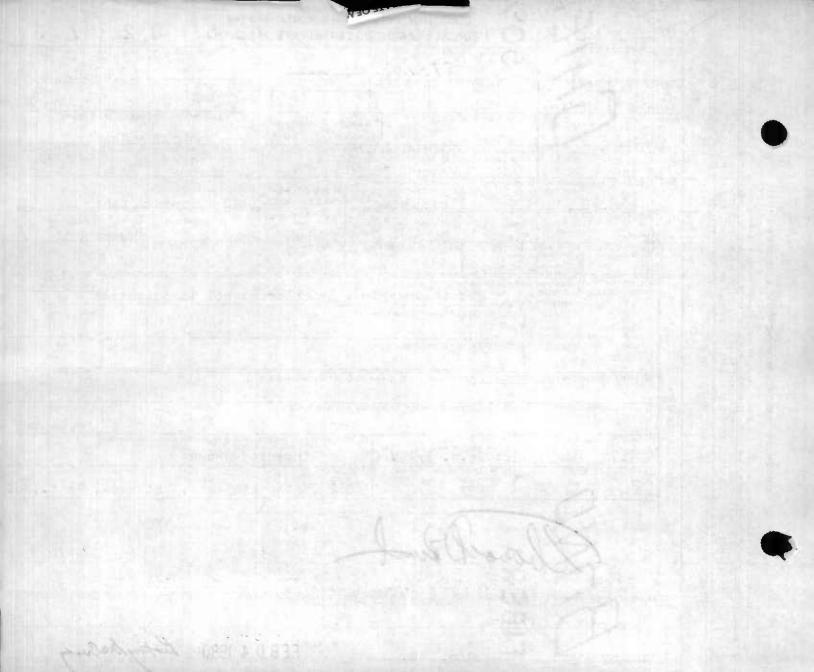
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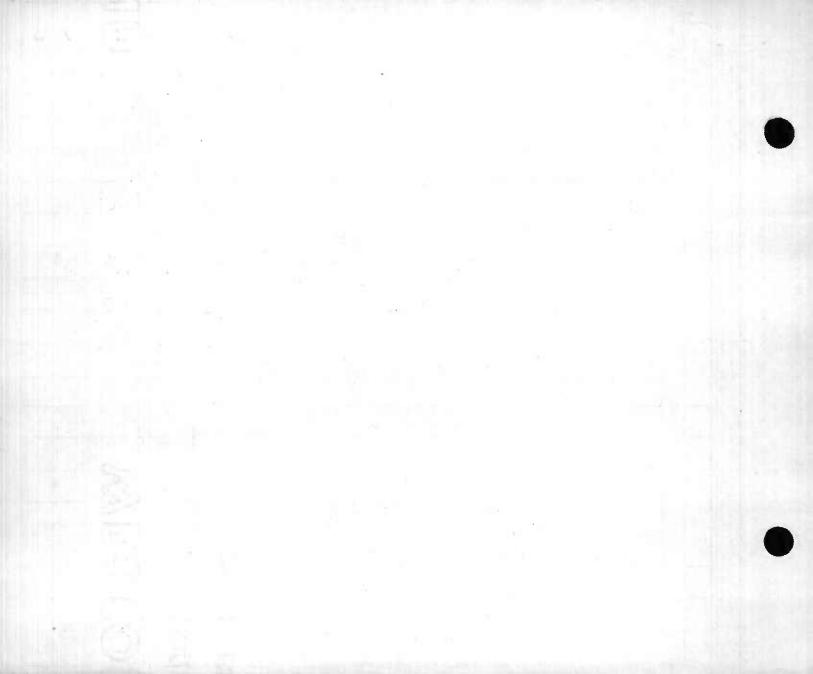


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ID		Y OR TOWN	OF DEATH	11. NAME OF HO		IG HOME, OR OT	HER INSTITUTION	12a. USUAL OCCI	JPATION (TYPE OF W	VORK 126. KI	ND OF BUSINES
	D	+hoade			cacumy, give street Chatswor			FOR MOST OF WO		O	R INDUSTRY
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3	a. ST	ATE Md.	136/COUN	MONT	13c CITY OR		YES NO	13e STREET ADDR	etsworth	Lanc	
4	I FA	THER'S NAME			Beth	=8Ud	15. MOTHER'S MAID			natte	
ĺ		FIRST		MIDDLE	LAST	2.00	FIRST		MIDDLE	000000	LAST
16	a. W		EVER IN U.S. AR		Silve 16b. SOCIAL	SECURITY NO.	Mabel 17 INFORMANT		ADDRESS	assama	neck
		S, NO, OR UNKNO	WN) (IF YES, GIVE	E WAR OR DATES)						_	
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			ATH WAS CAUSE				& trichlor	coetanol	intoxica	a t i on	WEEN ONSET AND I
		981	2 IMMEDIA	ATE CAUSE (a)	R AS A CONSEC		012011202	00 001101	2110071200	. 0 2 0 11	
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			e to immediate		R AS A CONSEG	UENCE OF					
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	z	PART 2 DINER SIG	MIFICANT CONVITIONS	CONTRIBUTING TO BEAL	M KUT MUT KELATEU I	D THE TERMINAL DISE	AZE OK CONDITION PIAEN IN L	ARI I (a).			
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	0	UNDERLYING	OR	HOUR A	M. MONTH DA	Y YEAR					
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		22a. I certif	y that I taak chiir	ge of the second	ad above,	seld on _ Auto	apsy X Inspection	on , Inquir	y , and in	my opinion	
		death resulte	ed from Nati	Ing Jourses	Mon	Made [, Homicide	Undetermined r	nonner X.		
			/1/	11 -	(15)	U	TITLE (SPECIFY)				
		ACTUAL SIGNATURE	11	1000	NW	NO.	Deputy Ch	nie f _{MEDICALEXA}	MINER S	SIGNED 1	/27/80
			10	0							
1	d	EXAMINER'S	NAME T	homas D.	SMith, 1	A.D.	_ADDRESS_ 111	Penn St.	Balto.,	MD	
2	3c. Bl	JRIAL, CREMA	TION, REMOVAL	23b. DATE	23c. NAM	E OF CEMETERY	OR CREMATORY	23d. LOCATION		COUNTY	STATE
	(5	PECIFY)						CITY OR TOWN		COUNIT	STATE
2	24. FU	INERAL DIREC	TOR	1/28/80			25a. DATE	REC'D. BY REGISTE	AR 256 REGISTR	AR'S SIGNA	TURE
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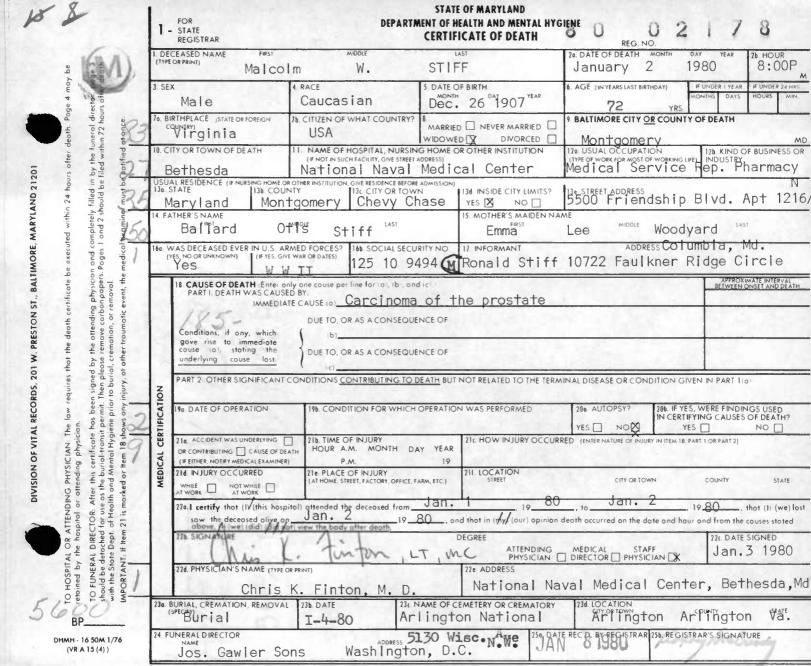


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH 2h HOUR Benjamin Stralwa (TYPE OR PRINT) OHK 480 . AGE (IN YEARS LAST BIRTH AY) 1 SEX DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS YEAR MONTHS DAYS HOURS 70 MALE S 807. 1909 **BALTIMORE CITY OR COUNTY OF DEATH** 76 CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE ISTATE OF FOREIGN USA Haryland Montgomeru WIDOWED DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY -Manchester Road DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2110 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130. STREET ADDRESS MANCHESTER L 30 STATE 136 COUNTY 1134 INSIDE CITY LIMITS? SILDER SPRIN 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Camilion Lunwood ADDRESS Mr. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT I (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) No same as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART L DEATH WAS CAUSED BY Coma. IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF 3112185 iDo sar coma Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(p) 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOD YES [burial-transit p Item 18 show 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21f. LOCATION 21d. INJURY OCCURRED 21a. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK 220.1 certify that (I) (this haspital) attended the deceased from 1126 saw the deceased alive an , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death. DEGREE 22c. DATE SIGNED 2.2 ATTENDING MEDICAL STAFF PHYSICIAN TOTRECTOR PHYSICIAN 22e ADDRESS 224 PHYSICIAN'S NAME (TYPE OF PRINT) FENTON ST. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 236. DATE COUNTY STATE Burial om Leonardtown St Mary!
250. DATE REC'D. BY REGISTRANISS. REGISTRAN'S SISTRAN'S SISTRA 74 FUNERAL DIRECTOR Francis J. Collingeress DHMH-16 50M 7/77 FEB (VR A 15 (4)) 500 University Blud W. Silver Spring

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FRANCIS J. COLLINS

500 UNIV. BLVD. W. SILVER SPRING MD. 20901

MIDDLE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

11:100

BOWLING LANES

PATTEN

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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25a. DATE REC'D. BY REGISTRAR 25b. REGI

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22c. DATE SIGNED

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2n DATE OF DEATH

DHMH - 16 50M 1/76 (VR A 15 (4))

24 FUNERAL DIRECTOR

FOR

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REGISTRAR

DECEASED NAME

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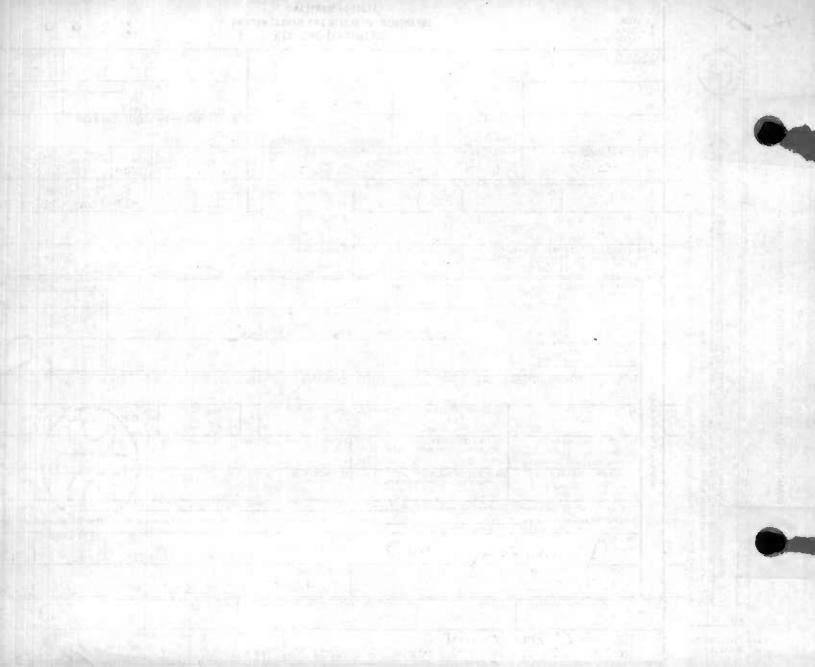
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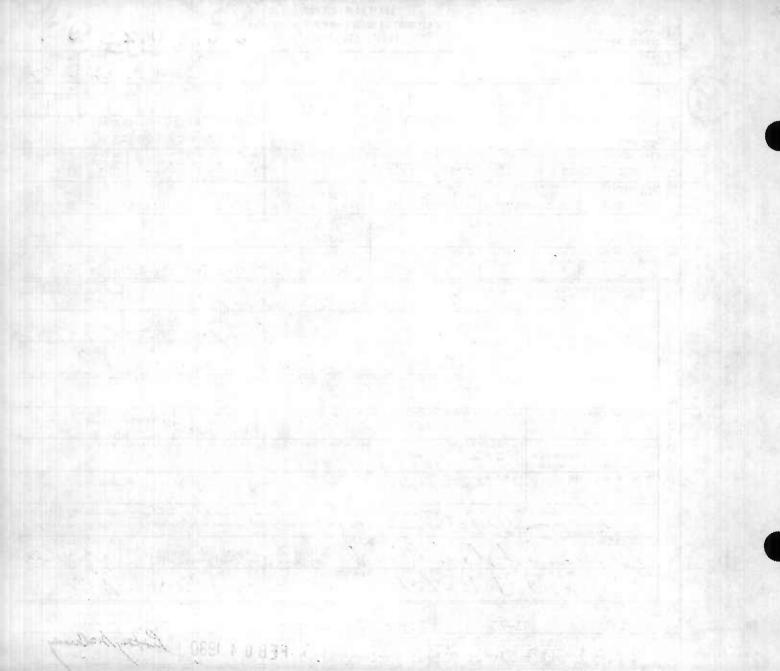
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 20. DATE OF DEATH MONTH DECEASED NAME 26 HOUR TYPE OR PRINTE E. TAGER 1980 11 January Thomas 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) Oct. 16 DAY Male Caucasian 1919 To BIRTHPLACE STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED New York USA MONTGOMERY WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 2a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) National Naval Medical Center Bethesda U. S. Air Force USUAL RESIDENCE TIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY Virginia Arlington 13e STREET ADDRESS filled buld b 1101 South Arlington Ridge Re 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Herman Tager Marcella Anderson 166 SOCIAL SECURITY NO. ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes 1940-68 100 12 8011 Mrs. Mary F. Tager See item 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) W. PRESTON Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 DIVISION OF VITAL RECORDS, CERTIFICATION 90. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO 216 TIME OF INJURY 710 ACCIDENT WAS UNDERLYING 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Hem MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.I CITY OF TOWN COUNTY STATE NOT WHILE 220.1 certify that (1/(this haspital) attended the deceased from Jan 80 Jan_ 19_80___, that (I/(we) lost Jan. saw the deceosed alive on JAII.

obove, (V (we) (did) (did not) view the bady after death 9_80__ , and that in (fny) (aur) opinion death accurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED W ATTENDING MEDICAL Jan. 11 1980 PHYSICIAN DIRECTOR PHYSICIAN TX MPORTANT 224 PHYSICIAN'S NAME (THE OR PRINT) 22e ADDRESS ld b SPURLING, M.D. National Naval Medical Center, Bethesda Mc 23c. NAME OF CEMETERY OR CREMATORY 73d LOCATION 23a. BURIAL, CREMATION, REMOVAL Burial 1 - 16 - 80Arlington National Arlington Arlington Va. BP. 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 50M 1/76 Murphy Arlington Funeral Home, Arlington, Va. 1000 (VR A 15 (4))

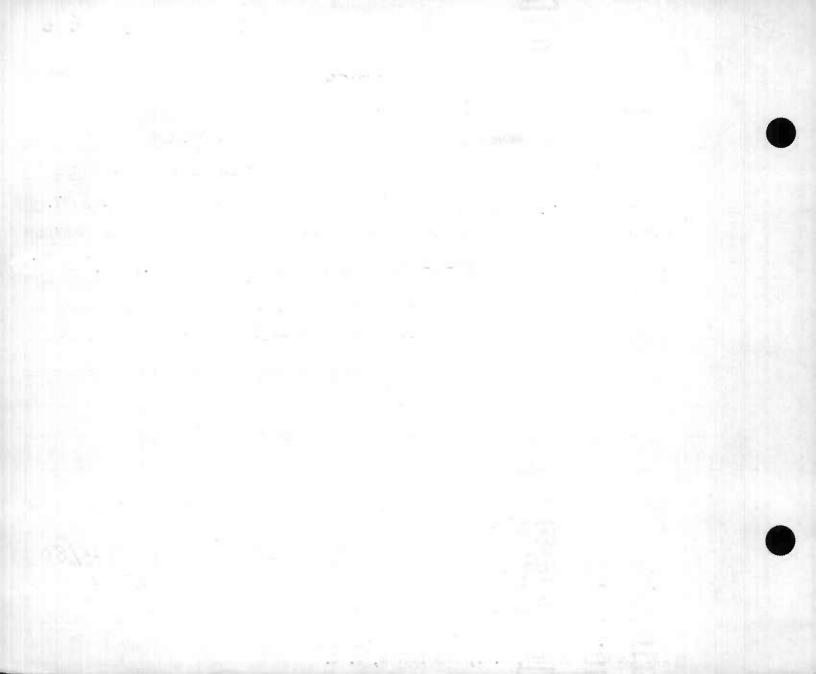


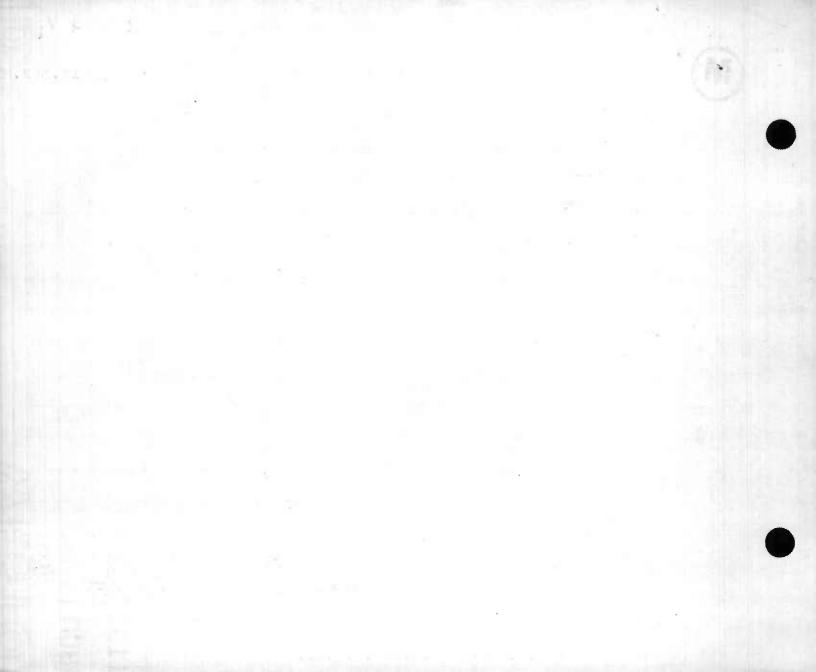


STATE OF MARYLAND

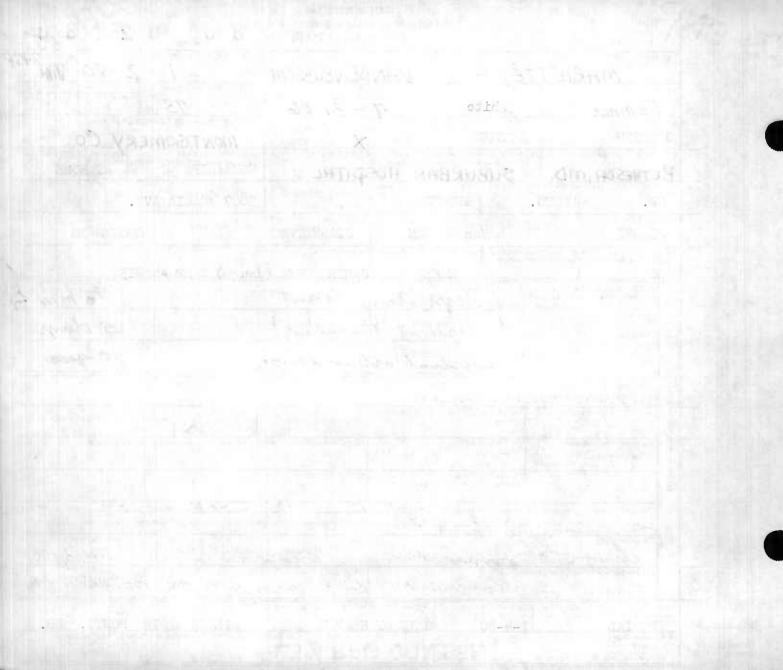
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NG PHYSICIAN: The law requires the anding physician. Iter this certificate has been signed by the burial-transit permit. Then please re and Mental Hygiene prior to burial, or	marked or Item 18 shows any injury, or	MEDICAL CERTIFICATION	gove rise to immediate couse too, storing the underlying couse lost PART 2 OTHER SIGNIFICANT PROPERTY WAS UNDERLYING CORCONTRIBUTING CAUSE OF DE	CONDITIONS CO 19b CONDI 19b CONDI 19b CONDI 19b CONDI 19b CONDI	DATRIBUTING TO I	DEATH BUT N OPERATION AY YEAR 19	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO CONTROL PROPERTY OF INJURE OF INJUR	206 IF YES, IN CERTIFY YES YIN ITEM 18, PA	WERE FINDING CAUSES	NGS USED OF DEATH?
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	1,	FOR STATE		DEPA	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL F	YGIENE (0 2	1 8	9
	I DE	REGISTRAR CEASED NAME F	IRST	MIDDLE		AST OF DEATH	REG. N		DAY YEAR	26 HOUR
	{TYPE	ORPRINT) Wi	Iliam	Arthur	WAH	SR.	January	30	980	12:40Pm
)	3. SE	la l e	4. RACE Cau	casian	5. DATE (6 AGE (IN YEARS LAST BIR	·	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
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Dottlied 7	10. C	TY OR TOWN OF DEATH ethesda	11. NAN	T IN SUCH FACILITY, GIVE STI Onal Naval	SING HOME	OR OTHER INSTITUTION	124 USUAL OCCUPAT	ION DE WORKING LIFE ast Gu	E) WIND O	E BUSINESS OR GOVERNMEN
ed 1835	130 3	AL RESIDENCE (IF NURSING	home or other inst b County r. Georg	e COLO	fore admission) OWN e park	13d INSIDE CITY LIMITS	? 13e STREET ADDRESS 5205 Pad	ucah F	Road	
examine	14 FA	THER'S NAME FIRST John	Anthon	y Wahl		15 MOTHER'S MAIDEN FIRST Carrie	MIDDLE		Steve	ens
the medical	.16a V	VAS DECEASED EVER IN ES, NO OR UNKNOWN) (II	U.S. ARMED FOR FYES, GIVE WAR OR DA 938-59			Mrs. Mary W	addr Jahl See it			IMATE INTERVAL ONSET AND DEATH
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r Item 18	MEDICAL CER	210. ACCIDENT WAS UNDERLOR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL E 21d. INJURY OCCURRED	SE OF DEATH HO	IME OF INJURY UR A.M. MONTH P.M. PLACE OF INJURY	DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJU	RY IN ITEM 18, PA	ART 1 OR PART 2)	
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21 is		22a. I certify that (I) (the saw the deceased abave, (I (we) (d.e.)			80	nd that in (my) (aur) apini	30, to		r and fram the	
4T: If Item			West 9	Cen		DEGREE ATTENDING PHYSICIAN		FF CIAN 🔯	Jan.	30,1980
APORTAL		JO		RAY J.D.		22. ADDRESS National N	layal Medical	Cente	er, Beth	nesda, M
5	23e. f	URIAL CREMATION, RE		2/80 F	ort Li	emetery or cremator	Bradens			
with the State (1/29)		URIAL CREATATION OF	2/1	2/80 F	ort Lii	EMETERY OR CREMATOR TOO'N COMETO	layal Medical RY 234 LOCATION PY BY REGISTRAR EB 0 5 1980	burg P	POUNTYGEO	STATE Md .

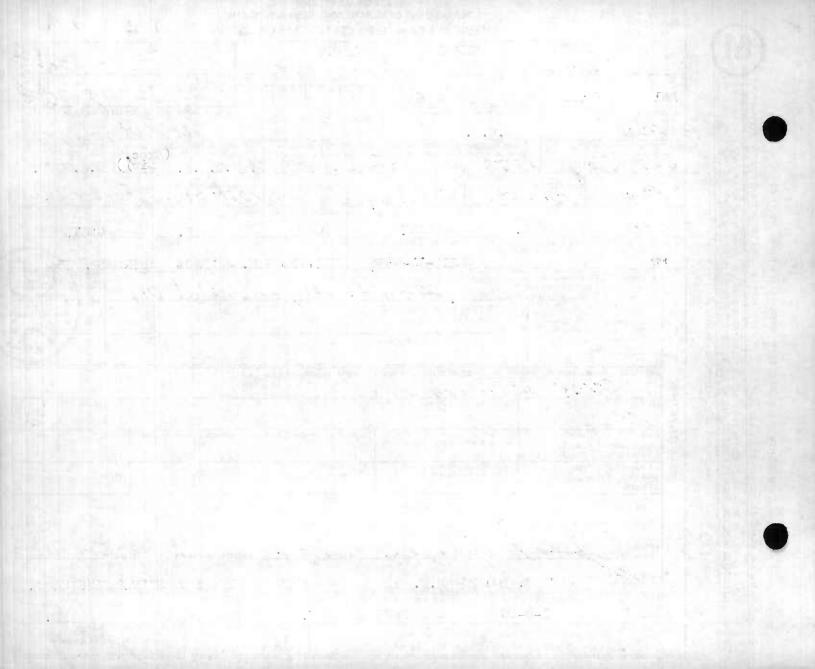
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-0		1.	FOR 2/21/80 STATE REGISTRAR	dad DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	0 0 6	1 7 0
	(88)		CEASED NAME FIRST	MIDDLE	LAST	REG. NO. 2a DATE OF DEATH MONTH D.	AY YEAR 2b HOUR
	a mit	(TYPE	DOROTHY	R	WALESKI	1 1	0 80 9:00 PM
	may po	3. SE		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
	oge 4 rectai		emale	White	8-02-16	65 YRS	
	th Poor 72 hour 72 hour	70 B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	
	fune thin I	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURS	WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION	MONTGOMERY COUN	126 KIND OF BUSINESS OR
=	offer y the led w	9	LNFY	(IF NOT IN SUCH FACILITY, GIVE STRE MONTGOMERY GEN	ET ADDRESS)	THE SE WORKED WORKING LIFE	INDUSTRY I. +
2120	hours d in b be fil		AL RESIDENCE (IF NURSING HOME O		DRE ADMISSION) WN (1 13d INSIDE CITY LIMITS?	13e STREET ADDRESS	~
AND	n 24 hillec	2	mo. m	ONT. Rock	VILLE YES NO	15702 Vand	nouls ave.
ARYL	withing lettery and 2 sl	17	THER S NAME	MIDDLE A LAST	15 MOTHER'S MAIDEN NA	MIDDLE	Ast
E, M	comps 1 dr	160	WAS DECEASED PURE IN U.S. AI	RMED FOR CEST THIS SOCIAL SEC	TURITY NO. 17 INFORMANT	ADDRESS	- Hill
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	n ond Poge	(WAS DECEASED FOR IN U.S. AI YES, NO QRUNKNOWN (IF YES, GIV	VE WAR OR (ATES)	PART GEORGE WI	ALESKI (SAME A	15#13)
BALT	ysicio apers ivol.		18 CAUSE OF DEATH (Enter of	inly one couse per line for (a), (b), c ED BY	ond its / A		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.,	ertific g ph bonp remo		IMMEDIA	ATE CAUSE (b)	re fallie		1 wh
STON	tending or,		Conditions, if ony, which	DUE TO, OR A ONSEO		chestens	5 mo
PRE	the at remover		gove rise to immediate couse (0), stating the	DUE TO, OR AS A ONSEO		0 0	
. ×	that the d by the eose re ol, crem		underlying couse lost	1 / / //	corona onea	of Colon	14
05, 20	signer signer ben pl	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO		MAL DISEASE OR CONDITION GIVE	EN IN PARTIO
CORI	been mit. If	ATIO	190. DATE OF OPERATION		CHOPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES,	, WERE FINDINGS USED
L RE	on. hos hos ene	CERTIFICATION					YING CAUSES OF DEATH?
VII.	IYSICIAN: T ding physici is certificate burial-fransi Mentol Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE			RED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART I OR PART 2)
Ö	PHYSICIAN: ending physis this certifical be burial-from ad Mentol Hy d or Item 18	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.	19 21f LOCATION		
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ā	or off or off se as the ealth or			outal) attended in deceased from	July 19 80	579 10 Ma	19 80 , that (I) (we) lost
1	Spiral sp		sow the deceased alive or	n / 0 / 19.	and that in (my) (our opinion	death occurred on the date and hour	ond from the couses stated
	OR A be hored behot f them		226. GIGNATORE	500).00	DEGREE ATTENDING	MEDICAL STAFF	11 CE 80
	HOSPITAL ned by the FUNERAL JID be deter the State ORTANT: I		22d. PHYSICIAN'S NAME (TYPE (OR ORIGITA	PHYSICIAN PHYSICIAN	DIRECTOR PHYSICIAN	11. 12.00
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	Na Special Company of the Company of		BURIAL, CREMATION, REMOVAL	L 23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY
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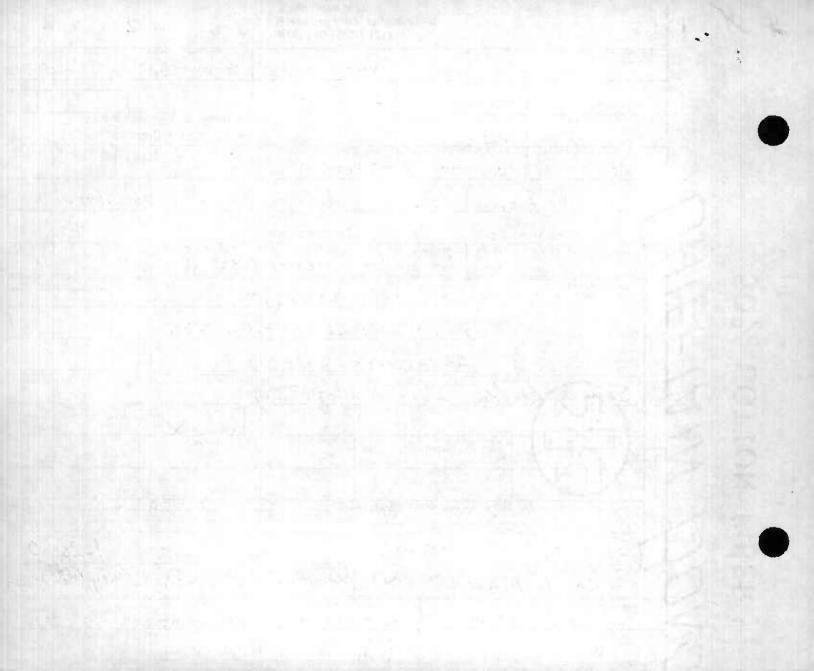
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21	7	1.	FOR STATE					ND MENTAL H	100	0 0	1 9	1
	(20)		REGISTRAR		MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.							
	(IVI)		CEASED NAME E OR PRINT)	DAVID	I	HENRY	WALLA	CE	20. DATE K	NOWN A MONTH	DAY YEAR	SP. HOUR
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	BD F OF	3 SEX	4 F	RACE	S. DATE OF BIRTH	6. AGE (R				MONTH	DAY YEAR	75 HOUR
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	FOR YOU WITHIN 72	70. B	RTHPLACE (STATE	OR	76. CITIZEN OF W		8. MAPPIED	NEVER MARR	9. BALTIMO	RE CITY OR COUN	TY OF DEATH	
		M	ARYLAND		U.S.A	1.	WIDOWED			nont	OF THE	VY MD.
	X = 2 X = 2	10 C	TY OR TOWN OF	DEATH	11. NAME OF HO	SPITAL, NURSING HO	ME, OR OTHER	INSTITUTION	120 USUAL OCCUP		125. KIND OF BI	USINESS
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2	I . NE . I		THER'S NAME		MIDDLE	LAST	15	. MOTHER'S MAIDE	EN NAME	DOLE	LAST	
	MA PAND OF VILLE	-	JAMES	/FD INTIL C ARA	L.	WALLACE	IDITY NO. 117	MARY		ADDRESS	CECIL	
	FTER DE E PAGE FORM ES 1 AN	(Y	VAS DECEASED E			16b. SOCIAL SECU		. INFORMAIN		ADDRESS		
FIA	URS AFTER B. GIVE PA WITH FOI PAGES 1		VO			219-30-4		ELIZABETH	M. WALLA	CE SAME		
5	- 30		18. CAUSE OF D	EATH (Enter and H WAS CAUSED	y one cause per lin	ne far (a), (b), and (c).)	1	4.	1.	1 -	APPROXIMAT	E INTERVAL
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9	CUTED WITHIN IN PENCIL IN I EXAMINER A URIAL-TRANSIT MD MENTAL HY V, OR REMOVAL		gave rise	ta immediate	(b)					- 150		
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	HOULD CHIEF CHIEF USED OF HE	Š	190. DATE OF OF	EKATION	196. COND	ITION FOR WHICH O	PERATION WAS	PERFORMED?			20. AUTOPSY	
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	HE WENTER THE WENTER T	LO	UNDERLYING	OR	HOUR A.		EAR ZIC. HOW	/ INJURY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR P	ART 2]	
	CERTIFICATE SHO TING THE WORD DED TO THE CH E 3 SHOULD BE U E DEPARTMENT OF PRIOR TO BURIAL,	MEDICAL	CONTRIBUTING			M. 19 OF INJURY (ATHOME	-	TION	1000			
	CERTING TING DED DEPA PRIOR	MEC		OT WHILE	STREET, FA	CTORY, FARM, ETC.)	STREI		CITY OR TOW	N C	YTHUC	STATE
	E: THIS CERI FE, WRITING RWARDED : PAGE 3 SI STATE DEP			TWORK								
	2 2 2 2 2		22a. I certify ti	hat I taak charg	e af the remains de	escribed abave, held a	in Autopsy	, Inspectio	n 🔄 , Inquiry	, and in my o	pinion	
177	∠∨≥⊢Z		death resulted	Natur	al causes ,	Accident,	Suicide .	Homicide .	Undetermined ma	nner .		
	EXAMINATE DIRECTIFY WITH WITH ARYLAN			//	200	12		TITLE (SPECIFY)		290-2	4 6	100
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	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA		(TYPE OR PRINT)		S. ROGE			DRESS 1919	SEMINARY	RD STIVE	SPRING	MD.
00	DEADAR	23e.B	URIAL, CREMATIO				CEMETERY OR C		23d. LOCATION CITY OR TOWN	co	UNTY :	STATE
	BP		ÜRIAL		-8-80		SVILLE (SUDLERSY		M	0.
	DHMH - 17	24. F	NAME JO	SEPH G	WLER'S	SONS INC.		25e. DATE	REC'D. BY REGISTRAL		SIGNATURE	2.
	(VR A15 ME (5))					K. B. C. 20010	**	JA	N 1 1 1980	in hard		7

STATE OF MARYLAND



	1				STAT	E OF MARYLAND			
	1	FOR STATE REGISTRAR		DEPAI		HEALTH AND MENTAL HY FICATE OF DEATH	GIENE ()	0 2 1	9 2
ier deoth		ECEASED NAME	FIRST	WIDDLE		LAST	2a DATE OF DEATH	MONTH DAY YEAR	26 HOUR
			atharine	Hinda	Wa	usau (Smith)	January 28	3, 1980	2:00PM _M
	3. 9		4. RACE		5. DATE	OF BIRTH	6. AGE JIN YEARS LAST BIRT	HDAY) IF UNDER LYE	
		Female	W	hite	Nov	0 = + 0 0 /	73	YRS.	S NOURS MIN
,	7a.	BIRTHPLACE (STATE OR FO	PREIGN 76 CITIZE	N OF WHAT COUNTR	Y? 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
4	5	Conn.	US	SA	WIDOW		Montgomery	County	MD.
10	10.	Olney	(IF NO	TE OF HOSPITAL, NUR OT IN SUCH FACILITY, GIVE STR TTOOMERY GE	EET ADDRESS)	OR OTHER INSTITUTION Hospital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Homemaker	F WORKING LIFE) INDUSTE	O OF BUSINESS OR
-	US	JAL RESIDENCE (IF NURS			FORE ADMISSION				
K	5	Md.	Mont.	S.S.	JWN	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS 14006 New	Hamp.Ave	à .
		ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	AME		
5	7	Joseph Va				Catharine	MIDDLE	Ţ	ЙК
		WAS DECEASED EVER		CES? 16b. SOCIAL SE	CURITY NO.	17. INFORMANT Sam	e as above	S S	
1		None	(IF TES, GIVE WAR OR DA	186 0	9 535	A Richard	Smith (Hus	band)	
		18 CAUSE OF DEAT	H (Enter only one co	use per line for (o), (b),	ond (c			APPR	OXIMATE INTERVAL EN ONSET AND DEATH
vent		PART I. DEATH W	AS CAUSED BY.	use per line for Io), (b),	DIAC	ARREST			
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		gove rise to imm	nediate	10)	DUELICE OF			C'1	
		underlying couse		TO, OR AS A CONSEC	PIOC	CLEDAS		OCT III	
o '		PART 2_OTHER SIGN	IIFICANT CONDITIO	ONS CONTRIBUTING T	O DEATH BU	NOT RELATED TO THE TER	MINAL DISEASE OR CONI	DITION GIVEN IN PART	la
	Z	Selvers	2 Ans	cir (Th	coole	alonila.	7		
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-	CERTIFICATION	21a. ACCIDENT WAS UND		TIME OF INJURY	Type:	21c. HOW INJURY OCCUI	RED (ENTER NATURE OF INJUR		
	1	OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	AUSE OF DEATH	UR A.M. MONTH	DAY YEAR				
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	A	WHILE NOT WE	3111	OME, STREET, FACTORY, OFFI	CE, FAM. STC.1	STREET	CITY OR TOW	VN COUNTY	STATE
		AT WORK	N	ded the deseased from	Mur	25 1080	Jan	28 10 80	_, that (1) (we'll last
					Acres .	nd that in (my) (our) opinion	death of greed on the de	ate and hour and from t	
		obove, (1) (we) (c	d after on	e body ofter death.	-	DEGREE		22- 04	TE SICKIED
		D2417	MAK	to som	1)	ATTENDING	MEDICAL STAF		28-80
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		Para s	TYPE OR PRINT)	(7110	1/20	120 Prive	· Plien De	1 Cluen 1	and mon
-		HARO	1. 18 CA	+11/4-0	-	3.707.00	1 may b	1	2007
	230	BURIAL, CREMATION, (SPECIFY)			C. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
		Cremati	on 1/2			ncoln Crema			Md.
	24	FUNERAL DIRECTOR	0 .	11800		Ave. 250. DA	TE REC'D. BY REGISTRAR	256 REGISTRAR'S SIGN	KC Cready
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 2g DATE OF DEATH MONTH 7b HOUR STUART 1.5.80 MAUDIA Weedo 1 12:30 DM 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) MONTH WhiTe 12-15-1920 To BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** COUNTRY MARRIED NEVER MARRIED MIRGINIA MONTGOMERY WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 17b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY WheATon Engineer DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 719 MUNSON 57 ROSP ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY. 13d INSIDE CITY LIMITS? 13e STREET ADDRESS MARYIMAND 719 MUNKAA A FATHER S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE MANCELOR 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) I HE YES, GIVE WAR OR DATES W.W. TI whenton md APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (Conditions, if any, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [shar 71a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 71f LOCATION 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on, 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Should be deta with the State I 22d PHYSICIAN'S NAME TTYPE OF PRINT 22e ADDRESS 12221 STELLON, M.) 23a BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION Richardsville Com BURIAL KichARdSville DIRGINIA DHMH - 16 60M 1/75 Home, Inc Culpenan, Va. (VR A 15 (4))

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Joseph Gawler's Sons, Inc. 5130 Wisconsin Ave., N. W., Washington, D. C.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 28 DATE OF DEATH MONTH 2b. HOUR Clara. 50 80 Weidlich AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS YRS BALTIMORE CITY OR COUNTY OF DEATH Montgomery 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY own home 641 Houston Avenue Andres ADDR 641 Houston Avenue Takoma Park, Md.

YES [

250. DATE REC'D. BY REGISTRAR 256. BEGISTRAR'S SCHARURE

COUNTY

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STATE

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Burial

24 FUNERAL DIRECTOR

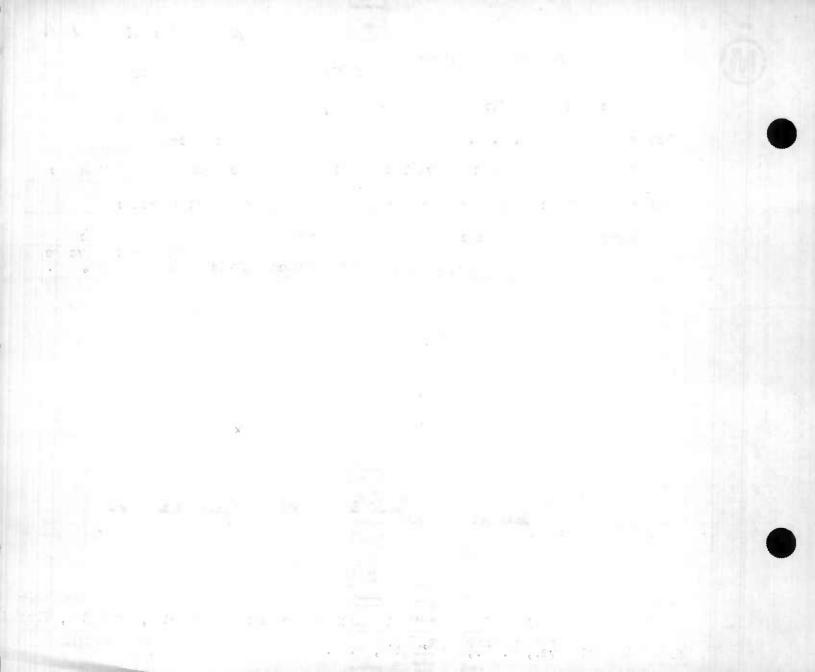
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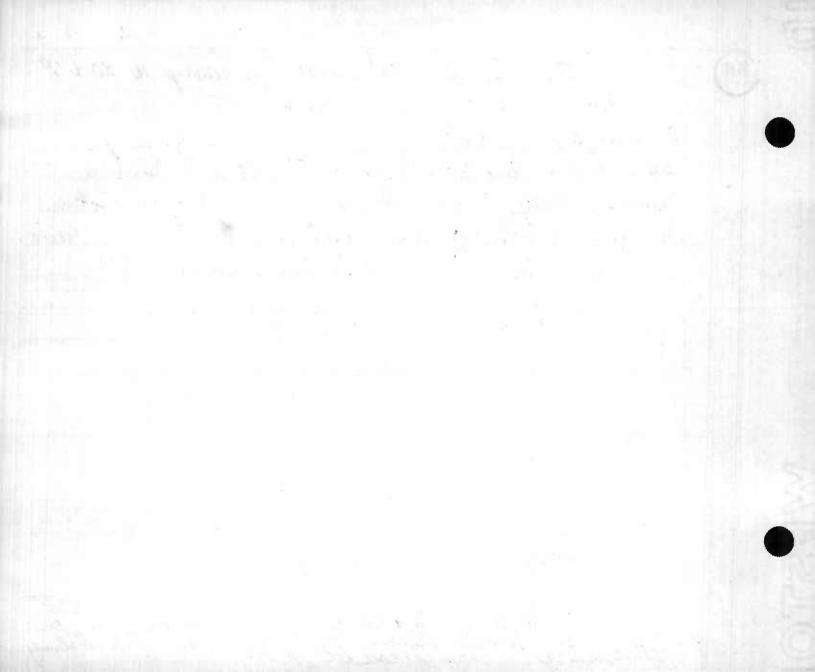
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DECEASED NAME

- STATE

DHMH-16 20M (VRA 15, 4) 7/78

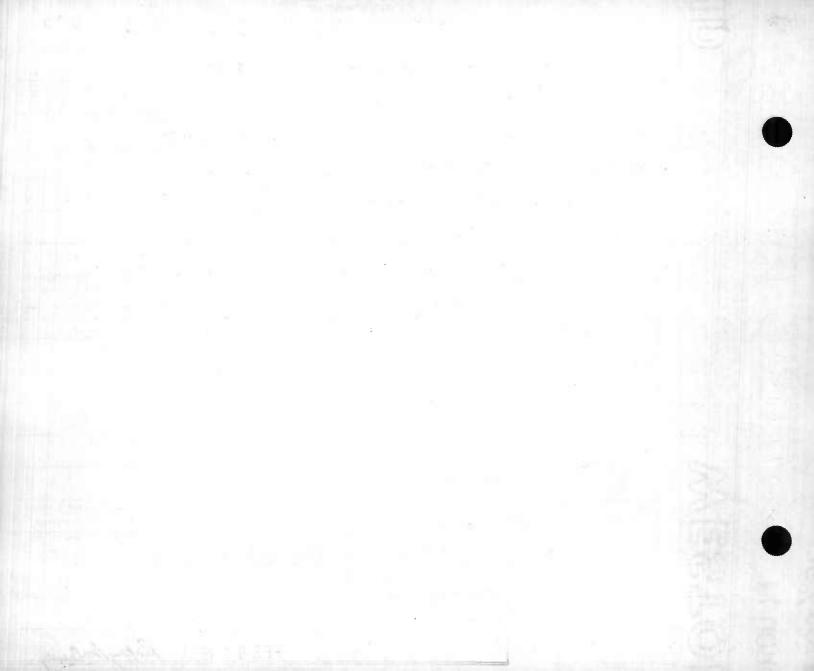




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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINT Edwin F Wheeler 1 - 30 - 803 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BRITHDAY) IF UNDER I YEAR IF UNDER 24 HRS HOURS Sept. 3, DAY 1902 Male White YRS 70 BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Maryland U.S.A. Montgomery WIDOWED DIVORCED [18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR Suburban H TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Bethesda Hospital Engineer Self. USUAL RESIDENCE IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13. STREET ADDRESS 406 North Park Ave. Montgomer Chevy Chase 131 INSIDE CITY LIMITS? 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME Charles Wheeler Mamie List MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 1202 Downs Dr. 17 INFORMANT (YES, NO OR LINKNOWN) I IF YES, GIVE WAR OR DATES) 218-12-6751 Richard E. WheelerSilver Spring 18 CAUSE OF DEATH (Enter only one couse per line for (27)(b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 228.1 certify that (1) (this haspital) affended the deceased from, sow the deceased alive on above, (I) (we) (did) (did not) view the body after death and that in (my) (our) opinion death accepted on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY Burial Baltimore Maryland 2,1980 DruidRidge Cem. Feb. 24 FUNERAL DIRECTOR Hines/Rinaldi Funeral Home 256. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH-16 20M (VRA 15, 4) 7/78 Hampshire Ave. SilverSpring, Md



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME FIRST O. DATE KNOWN A MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-19 806:50A George Madison 4 RACE DATE OF BIRTH 2c. DATE LAST BIRTHDAY DAY PRONOUNCED DEAD 1980 6:50 25 YRS TO BIRTHPLACE (STATE OR TE CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. WIDOWED DIVORCED Montgomery 10 CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS p. Pressman OR INDUSTRY Newspaper Suburban Hospital Bethesda SHOULD BE BE USUAL RESIDENCE (IF 130 STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Md. Silver Spring YES [944 Northhampton Dr. Mont. NO T 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST Bernardine Ezekiel 16b. SOCIAL SECURITY NO. DIVISION Yes Viet Nam 212-62-0578 Doris S. White Same as #13 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: WHIPPR. IMIUTies. Savore IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which · Auto Accident gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES [] 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LOR PART OR HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH II LOCATION WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Inspection ARYLAND, death resulted fram: Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA SIGNATUR EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Resurrection Cemetery Clinton, P.G. Md.
1256. DATE REC'D. BY REGISTRAR 1256. REGISTRAY'S SIGNATURE Burial 24 FUNERAL DIRECTOR NAME Lee Funeral HomedesInc. **DHMH-17** VR A15 ME (5) 33 Old Alexander Ferry Rd. Clinton, Md. JAN 15M 7/77

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	nay be page 3	{TYPE	JAMES	1	WHITEMORE	/ **	5-80 715 m
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0	s b prit. ws	S	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
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	physician. is certificat rial-transit p fental Hygis or Item 18	E S	210. ACCIDENT WAS UNDERLYING			CURRED (ENTER NATURE OF INJURY IN ITEM 18.	PART I OR PART 2)
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- 5			22a I certify that (I) (this hasp	ital) attended the deceased fro		7. 10	100 , that (1) (see) fast
	IRECTO Ospital o IRECTO of for us pt. of H		sow the deceased alive an	view the body after death	and that in (my) (gurl apin	ian death occurred an the date and ha	or and from the causes stated
	T D T D T		226. SIGNATURE	11/10-0	DEGREE		THE DATE SIGNED
	The Parent of th		11091	my mx	ATTENDING PHYSICIAN	MEDICAL STAFF	1/6/80
	SPE de de Ste Ste Ste Ste Ste Ste Ste Ste Ste St		224 PHYSICIAN'S NAME (TYPE O	OR PRINT)	22R ADDRESS	10 1	21
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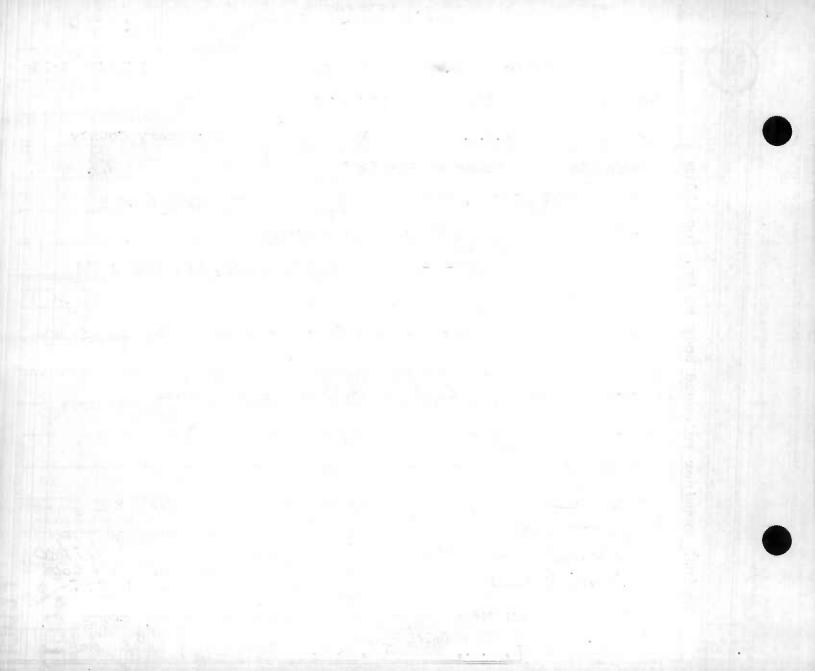
IMPORTANT: If Item 21 is marked or Item 18 shows

STATE OF MARYLAND

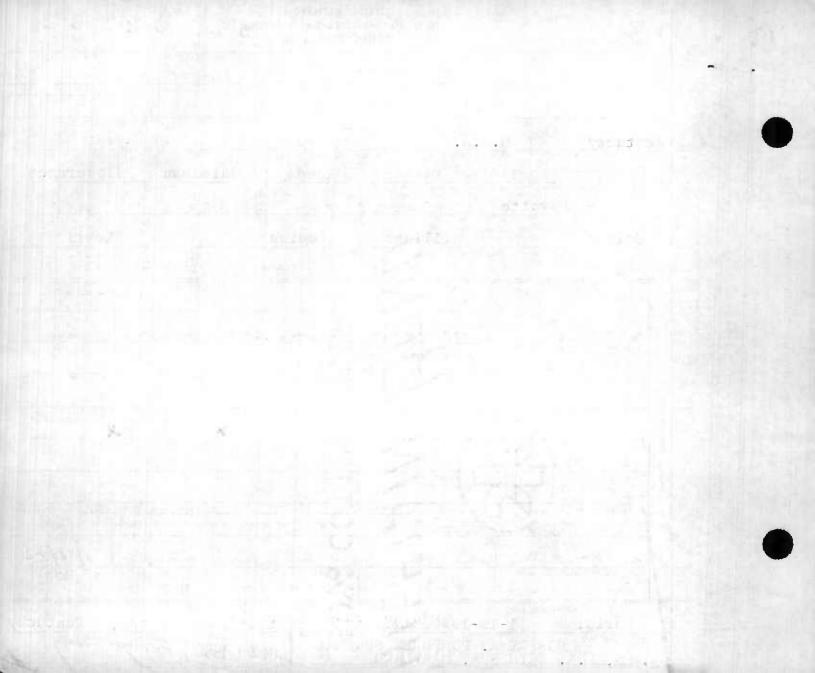
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		CEASED NAME OR PRINT!	Bes	ssie	B.		viesman		20 DATE OF DEATH		L/16/80	3:10
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Me	23a. B	BURIAL	REMOVAL	236. DATE 1/18/	7.7 to 100 to 10		EBANON CEN		23d LOCATION CITY OR TOWN 24 ADELPH	I PR.	COUNTY GEORGES	S MD.

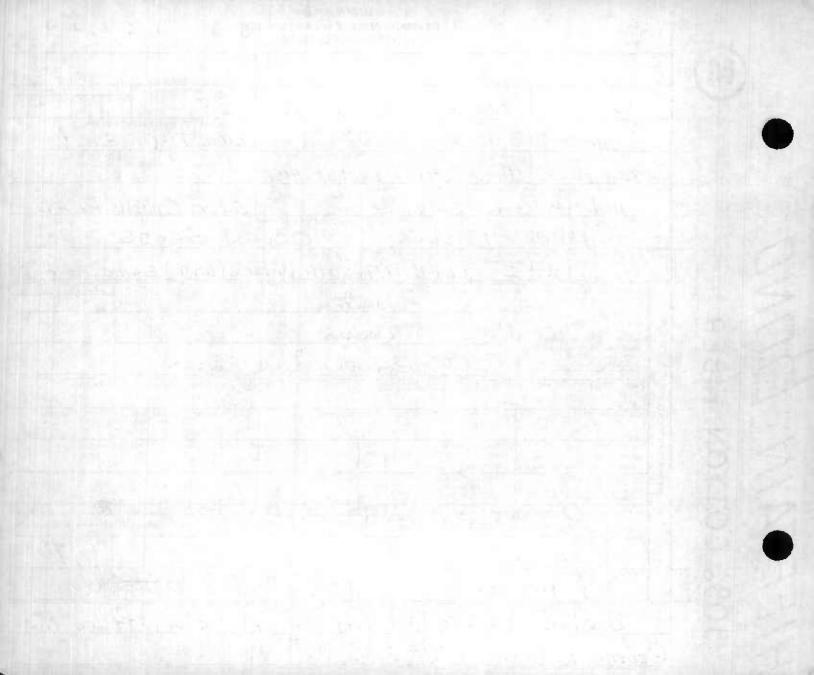
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232 CARROLL STREET, N.W., WASHINGTON, D.



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3 ≧	23a	BURIAL, CREMATION, REMOVAL SPECIFY Burial	23b. DATE 1-19-			METERY OF C	REMATORY Cemete	23d LOC	Lexi	ngto	county K	(entucky
1/76				PUMPHRE MARYL	Y FU	<u> </u>	250 DATE	2 1 19	REGISTRARIT	tinge	172000	





STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

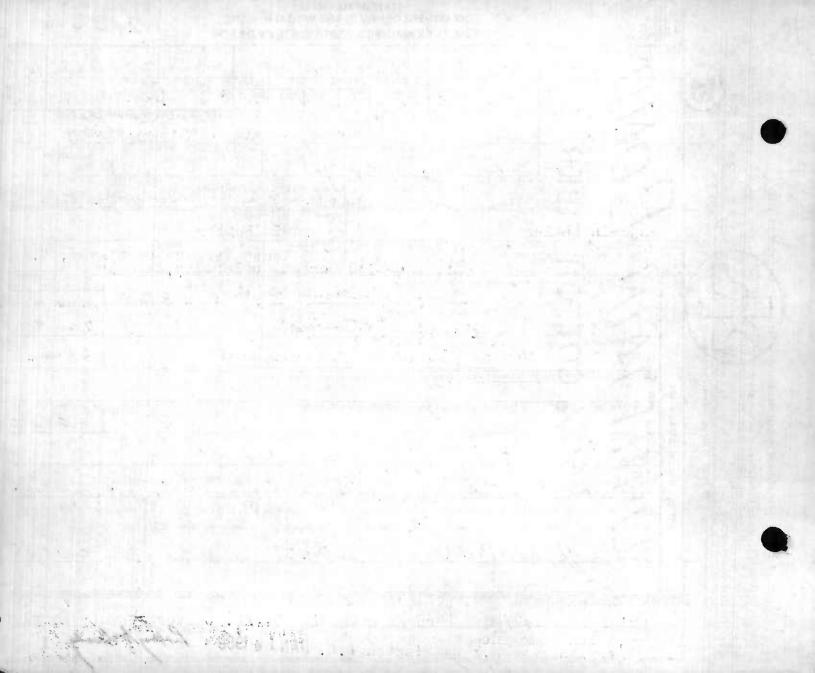
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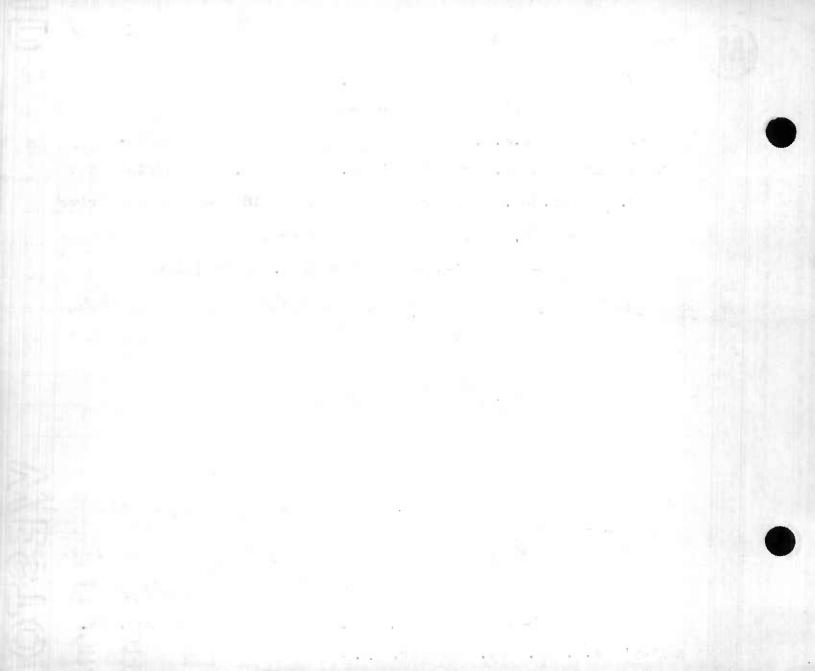
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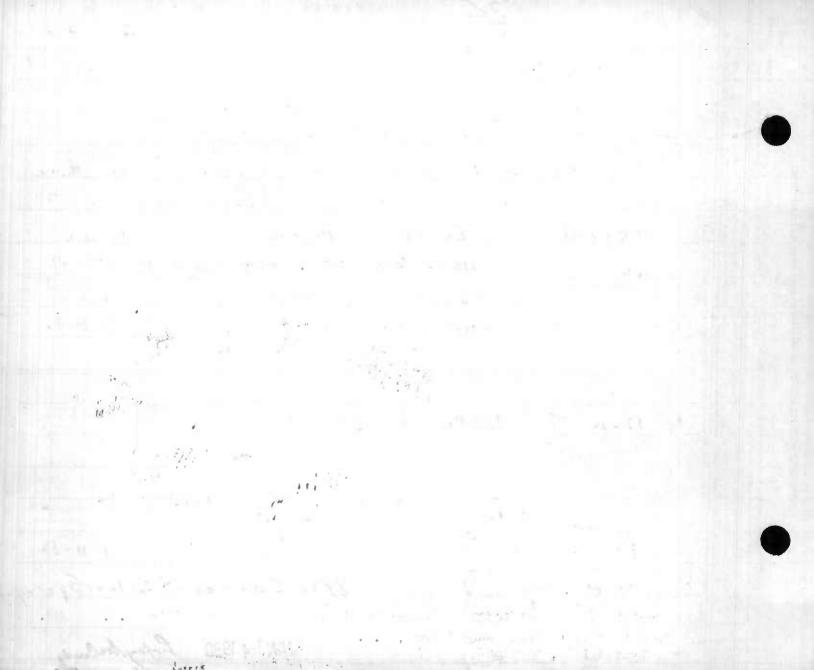
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The same of the sa	l,	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE	บร่
18/	L'	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
		OF ESTI-	DAY YEAR 76. HOUR
ASE OR.	N		0 19,80 /0 M
NECESSARY, PLEASE FUNERAL DIRECTORY 5 FOR YOUR FILES. WAREST	K	B JOJ10 29 50 YRS. INTURE 24 THS 12 DATE AND PRONOUNCED JEAN 12	DAY YEAR 2d. HOUR
NECESSARY, FUNERAL DIR S FOR YOUN WINN WEST	5 70	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Narvland Th. CITIZEN OF WHAT COUNTRY? WIDOWED A DIVORCED TO SALTIMORE CITY OR COUNTY WIDOWED A DIVORCED TO SALTIMORE CITY OR COUNTY WIDOWED A DIVORCED TO SALTIMORE CITY OR COUNTY	
S NE FUR	10	D CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 170 USUAL OCCUPATION 177FE OF WORK 177	KIND OF BUSINESS
DELAY IS N 3 TO THE F 10 BE FILED. 105, 301 W	0	Bethesda Suburban Haspital FOR MOST OF WORKING LIFE)	OR INDUSTRY
		SUAL RESIDENCE IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 36. STATE 136. COUNTY 136. STREET ADDRESS 136. STREET ADDRESS	7
E AND 3. RETA SHOUL	-	MO Mont, Bethesda YES NO 471/Avondal.	200
MD ATH	50	Benjamin Butler Naomi Butler	LAST
	1 16	66. WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNKNOWN (IF YES, GIVE WAR OR DATES) 16b. SOCIAL SECURITY NO. 17. INFORMANT 703 Tenza Terrace Fort No. 18. INFORMANT 18. INFORMANT 703 Tenza Terrace Fort No. 18. INFORMANT	lyer, V.A
W. PRESTON ST., BALTIMO BD WITHIN 24 HOURS AFTER AMINER ALONG WITH FOR ITRANSIT PERMIT PAGES 1 ELITAL HYGENE, DIVISION REMOVAL.		18. CAUSE OF DEATH (Enter only ane couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Condine and are a condined and a condined are a	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST VITHIN 24 HC CIL IN ITEM . NER ALONG AL MYGIENE MOVAL.		DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which	2 month
E E X 4 5 %		gave rise to immediate cause (a) stating the under-lying cause last. (b) CELUGATE DUE TO, OR AS A CONSEQUENCE OF Pedestrain Quito accident	quecks
LRECORDS, 30 ULD BE EXECU "PENDING" IN EF MEDICAL E BED AS A BUR HEATH AND CREMATHON, C		PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
VITAL RECORD S SHOULD BE ED TORD "PENDING F CHIEF MEDIC F LOSE AS A TI OF HEATTH. TI OF HEATTH.	2	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR AMAINANTH DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 ON PART 2	20. AUTOPSY?
DIVISION OF VITAL RECORDS, S. CERTIFICATE SHOULD BE EXE RITING THE WORD "PENDING" PRED TO THE CHIEF MEDICA E. 3 SHOULD BE USED AS A BI E. DEPRIMENT OF HEALTH AN PENDOR TO BURIAL, CREMATION	3		
DIVISIC IIS CERTI ARDED T GE 3 SH TE DEPA	5	21d. INJURY OCCURRED 21d. PLACE OF INJURY (ATHOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) 21d. LOCATION CITY OR TOWN COUNT	anto enter STATE
DIVISION OF VITAL. E CERTIFICATE SHOU OULD BE FORWARDED TO THE CHEE H, WITH THE STATE DEPARTMENT OF P. MARYLAND, 21201 PRIOR TO BIRIAL.	15	220. I certify that I took charge of the remains described above, held an Autopsy Inspection , Inquiry , and in my opini death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner ,	
CAI EXAM THE CERTIF SHOULD BI			Jan 3 1980
TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH.	2.	EXAMINER'S NAME (TYPE OR PRINT) ADDRESS	
PAGE TO TO TO BALL	23	38. BURIAL, CREMATION, REMOVAL 236. DATE 231. NAME OF CEMETERY OR CREMATORY 234. LOCATION CITY OR TOWN COUNTY	STATE
BP			
DHMH · 17 (VR A15 ME (5)) 30M 7/73	D'	Burial 11/7/80 Brooks Methodis Church. Calvert Cour. 4. FUNERAL DIRECTOR. 1. JAN 1 4 1980 14.25 Maryland Ave N.E Washington D.C. JAN 1 4 1980	NATURE
3011.7/73		THE PRINT Y LIGHT AND THE PRINT THE	





STATE OF MARYLAND



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burial-tronsit sho

Ild be detached the State Dept.

MPORTANT

marked or Item 18

CERTIFICATION

MEDICAL

|SPECIFY|

STATE OF MARYLAND - STATE CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CERTIFICATE OF BEA		REG. NO				
1. DECEASED NAME TYPE OR PRINT)	Andrew	Clifford	Wilkins		20 DATE OF DEATH MONTH Ol 1	.9 8		26. HOL	
3. SEX		RACE	5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	R 24 HR5
Male		White	Nov. 29 18	383	96 YRS	MONTHS	DAYS	HOURS	MIN.
70 BIRTHPLACE ISTAT COUNTRY) Nebr.	TE OR FOREIGN 7	U.S.A.	MARRIED CHEVER MAR	RRIED	Montgomery	Y OF DE	ATH		MD
Olney		1. NAME OF HOSPITAL, NURSIN LIF NOT IN SUCH FACILITY GIVE STREET ONTOOMETY GET			12a USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LI Examiner at av	IFE) IND		S. G	OV!
USUAL RESIDENCE (IF NURSING HOME OF C	OTHER INSTITUTION, GIVE RESIDENCE BEFOR		LIAAHTS2	12. STREET ADDRESS				

Montgomery Brookmont Md. 4 FATHER'S NAME MIDOLE

John

HEYES, GIVE WAR OR DATEST

160 WAS DECEASED EVER IN U.S. ARMED FORCES

166 SOCIAL SECURITY NO 17 INFORMANT

15 MOTHER'S MAIDEN NAME Westa

Daughter

MIODLE Todd ADDRESSRaleigh, N.C.

(YES, NO OR UNKNOWN) Marjorie W Lindsey. 3213 Birnamwood Rd. 18 CAUSE OF DEATH :Enter only one couse per line to PART I. DEATH WAS CAUSED BY: gove rise to immediate couse oi, stoting the AS A CANSEQUENCE OF underlying couse fost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

21d. INJURY OCCURRED

Andrew

20a AUTOPSY?

Wilkins

190 DATE OF OPI HAT A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21e PLACE OF INJURY

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

(ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

4007--61 St.

211. LOCATION CITY OR TOWN COUNTY

occurred on the date and have and from the causes stated DEGREE

22e ADDRESS

Arthur F. Woodward 23a. BURIAL, CREMATION, REMOVAL

Burial

NOT WHILE

231. NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery

Brentwood,

STATE

24. FUNERAL DIRECTOR Joseph Gawler's Sons Inc. 5130 Wisc. Ave., N.W. Wash., D. C.

STATE

DHMH - 16 50M 1/76 (VR A 15 (4))

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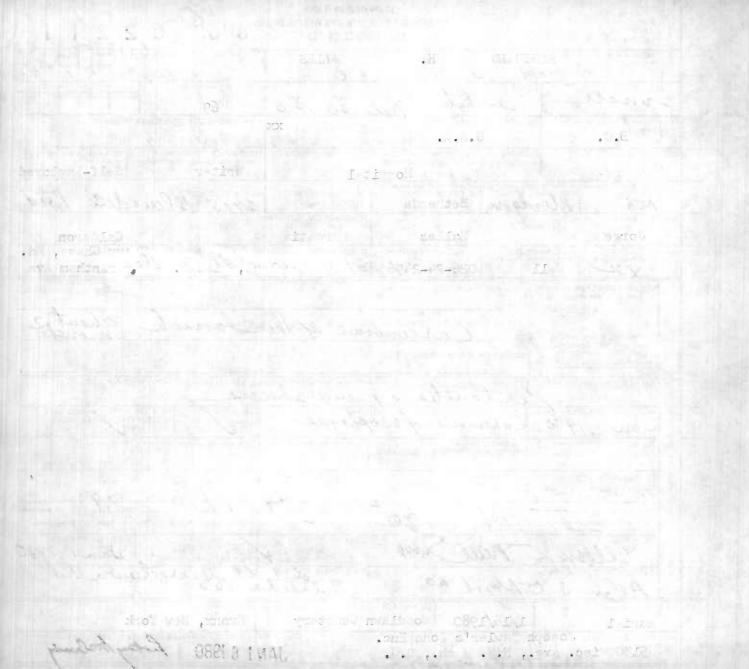
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2			REGISTRAR CEASED NAME	FIRST		MIDDLE	EXAMIN	EK 3 (LAST	CATEC		1111	REO. NO.	6	DAY YEAR	- In 1101/0
	March College Coll		E OR PRINT)		icia	Gay			Yeard	17017		OF OF	MATED	MONIH		2b. HOUR
	EAS TOR TUES TUES TEET	3. SE)	4	4 RACE	5. DATE OF 8		6 AGE (IN YEA			IF UNDER	24 MDS	2c. DATE	MATED []	MONTH	26 19 80 DAY YEAR	2d. HOUR
	A HAR			White	Dec.1	1968 YEAR	LAST BIRTHOA	Y) MONT		HOURS		PRONOUN	CED		26,.80	4:56
	19843	Fe B	male I			OF WHAT COU	YR				V	DEAD	ORE CITY OR			am
	展现35		REIGH COUNTRY)			USA		WIDOW	/ED 🗆	VER MARRI DIVORC	ED O	Mo	ntgom	ery	County	MD.
	PAGE FILED	18. CI	Olney	OF DEATH	Monto	F HOSPITAL, NI UCH FACILITY, GIVE YOMERY	JRSING HOME, STREET AGGRESS) Gener	al 1	Hospi	ital	FOR M	ALOCCUP OST OF WORK	ING LIFE)	OF WORK	OR INDUST Schoo	ISINESS RY
21201	IF ANY DELAY IN 3. RETAIN PAGE SHOULD BE FILE	USUA 13a S M	RESIDENCE (JATE laryland	IF IN NURSING HOM	E OR OTHER INSTITUT	13c. CIT	E BEFORE ADMISSION OF TOWN)N)	13d. INSIDE C	NO [ss eorgia	Aven	ue	
	- 0.4	14. FA	THER'S NAME						15 MOTH	ER'S MAIDE						
, MD.	AS SES		John	W.	MIDDLE Ye	ardley	LAST		М	arie		Arle	ene H	Iumph	ries	
ORE	FIER DE FORM SS 1 AN	16a. V	VAS DECEASED	EVER IN U.S. A	RMED FORCES?		CIAL SECURITY	NO.	17. INFOR				ADDRESS	- 1		
BALTIMORE,	S AB S IVE A G B	(4)	es, no, or unknov n o		VE WAR OR DATES)		-		John	W. Y	eardl	.ey S	Same as	# 1	3	
ST., B			18 CAUSE OF PART I DE		only one cause posed BY: ATE CAUSE (a)			mana	rida	intox	ionti	0.00			BETWEEN ONSE	T AND DEATH
NO		7	868	2 IMMEDI			NSEQUENCE C		xrae	In COX.	rcacı	on				
301 W. PRESTON				s, if any, which	h	2011		/							155	
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10	EXA EXA SIAL-		lying caus	e last.	(4)											
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ORG	D BE EX MEDING MEDIC AS A ALTH A EMATIC	NO	215													
AL RECORDS,	78" 0 # 8	CERTIFICATION	19a. DATE OF	OPERATION	19b. CC	ONDITION FOR	WHICH OPERA	TION W	'AS PERFOR	MED?	U TO	QLY:			20 AUTOPSY	?
VITA	S S	TIF					703/11							D.	YES X	NO 🗆
DIVISION OF VIT	THE WENT	CE	210 EXTERNA	CAUSE WAS	121b. TIA	NE OF INJURY	DAY YEAR						JRY IN ITEM 18 PA			
NO	RTIFICATE WO THE WO TO THE SHOULD SPARTMEN OR TO BU	ICA	CONTRIBUTIN	IG CAUSE O	F DEATH	P.M. 1/	26/ 1980			d exh	aust	fumes	from	idli	ng auto	
IVIS	CER TINC DED DEF	MEDICAL	21d. INJURY O	NOT WHILE		ACE OF INJURY		5	CATION			CITY OR TOW	/N	COU	NTY	STATE
	WAR WAR		AT WORK	AT WORK	2	home			17220	Geor	gia A	ve.	Olney	, Mo	ntg.Co.	, Md.
	FOR STE	- 2	22a. (certif	that I tagk the	rge of the remain	ns described ab	ave, held an	Autap	sy X,	Inspection	n .	Inquiry	, and	in my apı	nian	
	MIN FIFIC BE SCT CT LAN TH TH	1	death resulte	d fragt: Na	ural causes	Accident	Suit	ide	, Hamie	cide .	Undete	rmined ma	nner .			
	EXA CER DIE WIT ARY		ACTUAL	1/1	100 11	()	1		TITLE (S	PECIFY)	0			0.475	7 /07/	do
	THE THE SHO		SIGNATURE_	11/0	10 mont	- MARIE	W S	M	peput	y Chi	eI MEDI	CALEXAM	INER	SIGNED	1/27/	80
	TO MEDICAL EXAMINER: THIS CERTIFIC EXECUTE THE CERTIFICATE, WRITING THE PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 SHOULD SHOW THE STATE DEPARTINGS. MARYLAND 21201 PRIOR TO	1	EXAMINER'S N	NAME TY	omas D.	Smith,	M.D.		ADDRESS_	111 P	enn S	St. Ba	alto.,	MD.		
12	PAET PAET	23a. BI	JRIAL, CREMAT	ION, REMOVAL	23b. DATE	236.	NAME OF CEM					CATION	11 1	тлошн	IV. C	TAIE
0	BP	1	Entombr Buk	lent	1-29-8	U N	ational	Mem	orial	Park	Fa	TITS (Church	rai	rfax V	E.
	DHMH - 17	24. FU	NERAL DIRECT	OR	AC	ODRESS			75-1	250. DATE F			25b. RE 0151	TRAR'S SH	GNATURE	,
	(VR A15 ME (5)) 15M 7/77	Fı	rancis l	H. Barb	er Layt		le, Md.	2076	50	JA	N30	1980	les.	Tray!	/. 50000	7

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ı			1	STATE REGISTRAR				CERT	IFICATE OF DEA	TH	O U REG. N	10. U	2 6-	
	n ~ 5	C		CEASED NAME OR PRINT)		z LIYALIU	MIDDLE	н.	LAST ZALLES	S 20	DATE OF DEATH		AY YEAR	26. HOUR
	nay be page 3		3 SE)		egina		H	li pu	29/185		ACE		1/ 1980	A.M
	tor, p		3 367	male		I RACE	hite		E OF BIRTH NTH DAY	YEAR 19/0	AGE (IN YEARS LAST BIF	~	FUNDER I YEAR	HOURS MIN
			7a BI	RTHPLACE ISTATE OF F	OREIGN 7	L CITIZEN OF	WHAT COUR	UTRY?			BALTIMORE CITY	OR COUNTY	OF DEATH	
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	1		-	TY OR TOWN OF DE	ATH 1			URSING HOM	E OR OTHER INSTITUT		IN USUAL OCCUPAT		INDUSTRY	OF BUSINESS OR
201	by the	10		LRESIDENCE (IF NUR		Su	burba				Writer		Self-	-Employed
ND 2	in 24 in the state of the state	25	13a S	TATE MA	Man COUNT		13c CITY OF		134. INSIDE CITY L	LIMITS? 13	e. STREET ADDRESS	Pais	dell	Lood
RYLA	year year		14. FA	THER'S NAME		poli	LAS	1	IS. MOTHER'S MA		MIDDLE		iA	
WA	outed and 2	150		Jorge			Zall		Arcai				Calde	eron
ORE	and co	1		(AS DECEASED EVER	(# YES, GIVE V	WAR OR DATES)		SECURITY NO			ADDR			ase, Md.
LTIM	ysician a pers. Pagoval.			XII	WWI			4-2496	Emile C F	reelar	nd, Sister	• 4003		
8				PART I. DEATH W	AS CAUSED	BY.	line for (a), (b), and ici					BETWEEN	NUMBET AND DEATH
N	death cert			1510	IMMEDIATE	CAUSE (0)	0.45.4001	STOUENISE OF		14	-1		n/	t 2
PRESTON				Conditions, if any	, which	(b)	asicon	Klin	one of	The.	Stoma	en	us	outho
× 7	that the			gave rise to immo	ng the	DUE TO, O	RASACON	SEQUENCE OF						
V [0	ires lease irial,			underlying cause		((c)								
DS, 2	v requ		NO	PART 2 OTHER SIGN	VIFICANT CO	ONDITIONS CO	PORCE	GTO DEATH	UT NOT RELATED TO		AL DISEASE OR COM	NDITION GIVI	N IN PART ((0)
RECORDS	as been nit. The prior		CERTIFICATION	190 PATE OF OPERA	TION	195 CONDI	ITION FOR W		ION WAS PERFORME	ED	20a AUTOPS	206. IF YES	WERE FIND	INGS USED
AL RI	an. cate has b it permit. ygiene pr		TIFE	Jan 2,1	1980	Call	mome	ofes	ophagus		YES D NO		ING CRUSE	S OF DEATH?
¥ = = = = = = = = = = = = = = = = = = =				21a. ACCIDENT WAS UNI		HOUR A.	FINJURY M. MONTI	H DAY YE	R 21c HOW INJUR	RY OCCURRED	(ENTER NATURE OF INJU	URY IN ITEM 18, PA	RT 1 OR PART 2)	
O Z	HY 3 ph 3 ph 3 ph 7 rial		MEDICAL	(IF EITHER, NOTIFY MEDIC	ALEXAMINER)	P.I	-	1	211 LOCATION					
DIVISION OF VITAL	DING P trending After the s the but th and N		ME		HILE	(AT HOME, STR	REET, FACTORY, C	OFFICE, FARM, ETC	STREET		CITY OR TO	WN	COUNTY	STATE
ā	or atto			224 I certify that (I)		off attended the	deceased	from	26	19.79	10///	0	79	. that (I) (we) fast
	ATT bital control			saw the decease above, (1) (we) (ed alive on_	view the body	after death	19 80	and that in (my) (au)	7) opinion dea	th occurred on the c	date and hour	and from the	causes stated
	bospital		=3	226. SIGNATURE	0.	-54	.11	Zuo	DEGREE	NONG 4	Concrete Con		22c DATE	SIGNED
	by the ERAL e detac State			224 PHYSICIAN'S N	we	2 10	ue	, cong	PHYS		MEDICAL STA		Han	11 (880
~	TO HOSPITAL Grained by the TO FUNERAL should be detac with the State I			Allen	S C		UM	D.	220 ADDRESS S	Reedo	a hid	ugela	wu	Red
57	FG F 5 3 2		23a B	URIAL, CREMATION,	REMOVAL	23b. DATE	-0-		CEMETERY OR CREA		23d. LOCATION		COUNTY	STATE
	BP			Burial	Tono	1/16/1			wn Cemeter		Bronx, N		k	
	DHMH-16 25 (VRA 15, 4) 1		Z4. FU	5130 Wis			W Sh	ons Inc	•	ZSe. DATE RI	1 C 1000	256. REAST	AR'S SIONA	TURE STATE
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 U O	2212
	1 DECEASED NAME PRIST	1/1 1 1	Dower	Jan, 34	YEAR 26. HOUR
		RACE S. DATE O	DAY YEAR		F UNDER I YEAR IF UNDER 24 HRS
	Female	White Nov	30 1898	8] YRS.	22221
-	76. BIRTHPLACE (STATE OR FOREIGN 76. COUNTRY)	CITIZEN OF WHAT COUNTRY?	NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
2	Maryland	U.S.A. WIDOWE	The state of the s	Mont.	MD.
	Silver Spring	HAME OF HOSPITAL, NURSING HOME OF HOT IN SUCH FACILITY, GIVE STREET ADDRESS!	ROTHER INSTITUTION Hospital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Practical Nurse-	
	USUAL RESIDENCE VIE NURSING HOLE OR OTH 130 STATE Mary and Prince		13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 10512 Truxton F	
	It FATHER'S NAME FIRST MADE Conrad	11.dozpiii	15 MOTHER'S MAIDEN NAME FIRST Rebecc	ME	Daniels
1	160 WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) (IF YES, GIVE WA	D FORCES? 166 SOCIAL SECURITY NO	Mrs. Lois M	ADDRESS10512	2 Truxton Rd lphi, Md
	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B IMMEDIATE C	111 11 11 11 11 11 11 11	ratas orr	est	BETWEEN ONSET AND DEATH JAMEL
	Conditions, if any, which	DUE TO, ORDS A CONSEQUENCE OF	in sepleme	4	10 Esep.
	couse 101, stoting the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF	v accident +	of encephaliti.	10 days-
		Active Activate	Cardiarnal		N IN PART 1(o)
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED		WERE FINDINGS USED VING CAUSES OF DEATH?
	CO COLUMNIA DI CALIFE CO COLUMNIA	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18, PA	RT I OR PART 2)
	OK CONTINUING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED WHILE NOTIWHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22a I certify that (1) (this hospital) sow the deceased alive on above (4) twel (4) (4) (4) and (4)	1/29 1980 00	d that in (my (aur) apinion o	death occurred on the date and hour	9 (we) lost and from the causes stated

ATTENDING

DIRECTOR | PHYSICIAN |

22c. DATE SIGNED

OLEMAN

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

DEGREE

BLUD

DHMH-16 20M (VRA 15, 4) 7/78

should be detached for use as with the State Dept of Health IMPORTANT: If hem 21 is

TO FUNERAL DIRECTOR

the burial-transit permit. Then p and Mental Hygiene priar ta bur

Purial
24 FUNERAL DIRECTOR
NAME

23s. BURIAL.

23b. DATE

Rose Hill Cemetery

234 LOCATION CITY OF TOWN

MEDICAL

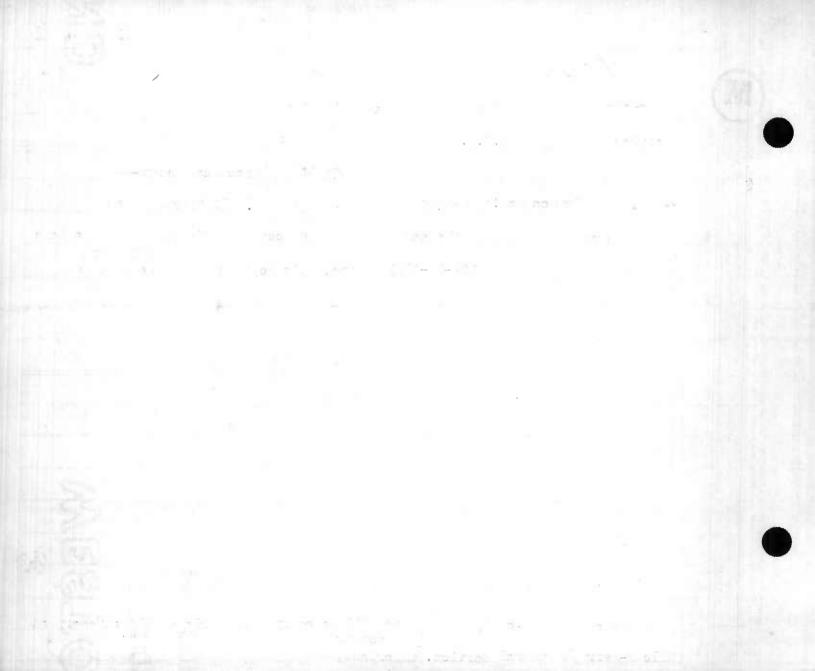
STATE

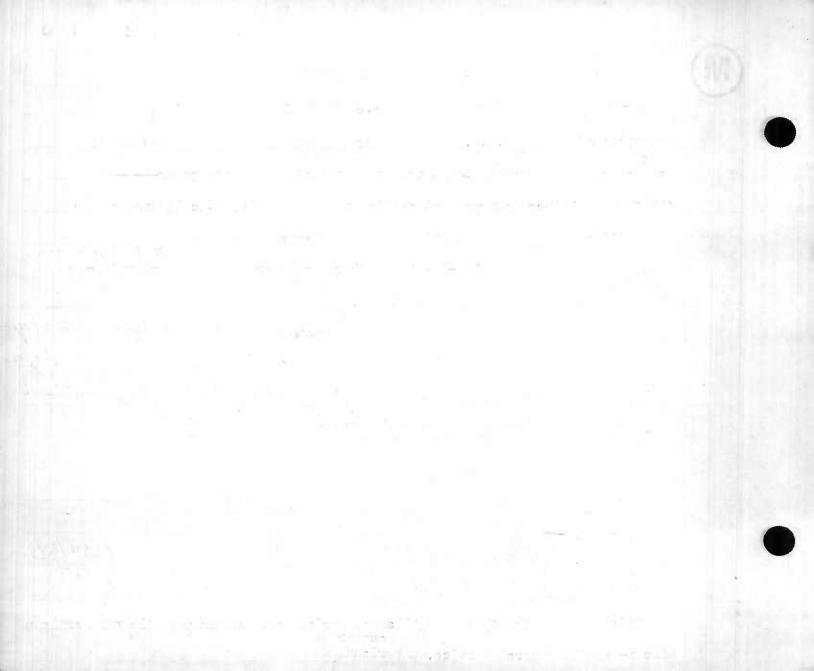
ADORESS 404 Decatur St

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Allegany Maryland

cox-Merritt Funeral Service Cumberland Md





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME KNOWN X (TYPE OR PRINT) AMELIA OF ESTI-ZIEGLER 4 RACE 3 SEX 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE LAST BIRTHDAY PRONOUNCED 1,1901 Female. Cauc. 78 VPS To. BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED MONTGOMERY USA 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS SUBURBAN THE HOSP ITAL FOR MOST OF WORKING LIFE) Housewife Home USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 131 CITY OF TOWN 13d INSIDE CITY LIMITS? 130 STREET ADDRESS Potomac YESXX NO 10809 Rock Run Drive Montg. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST Unknown Rosenhahm (UNKNOWN) 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT ADDRESS LIE YES GIVE WAR OR DATEST 070-05-0225A Walter C. Ziegler Same as \$13 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), ood (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY -cardine Arhythmia. IMMEDIATE CAUSE (a Egrolio. Vaseular cliseage gave rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DIS Midbates - Mellitu 20. AUTOPSY? YES NO T 210. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AMA. MONTH DAY YEAR UNDERLYING AOR 1. P.M. Jd17 95 1950 closin This at frome CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f. LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM ETC 1 WHILE AT WORK 4 one -Inspection 220. I certify that I took charge of the remains described above, held an Accident X death resulted from: Notural causes Hamicide . Undetermined monner TITLE (SPECIFY DATE SIGNED Jan 28, 1980 PAGE 4 SHOU TO FUNERAL I AFTER DEATH, BALTIMORE, MA 7936 Old Georgetown Rd. EXAMINER'S NAME ADDRESS Bethesda, Maryland PAGE TO FU (TYPE OR PRINT) 230 BURIAL, CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Jan.31.1980 Woodlawn Cem. Orchard 24. FUNERAL DIRECTOR RObert Pumphrey Funeral 250. DATE RECID. BY REGISTRAR **DHMH-17** Bethesda, Md Homes, P.A. (VR A15 ME (5)) 15M 7/77

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